

2018 Current Concepts in Sleep and Neurodiagnostics Conference Registration Form August 24-25, 2018 Hilton Resort & Spa – Clearwater Beach, FL

Attendee Information (Please type or print clearly)

Name _____

Credentials: MD DO PA PhD RPSGT RST CCSH R. EEG T. RN ARNP RRT CRT
 RRT/SDS Resident Fellow Student (in CAAHEP program) Other: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____ Fax: _____

E-mail _____

Choose Preferred Track (Note: Participants may attend any of the sessions, but must select a track.)

<i>Friday</i>	<i>Saturday</i>
<input type="checkbox"/> Clinical Sleep Track	<input type="checkbox"/> Clinical Sleep Track
<input type="checkbox"/> Technical Sleep Track	<input type="checkbox"/> Technical Sleep Track
<input type="checkbox"/> Neurodiagnostics Track	<input type="checkbox"/> Neurodiagnostics Track

Registration Fee Description	Registration Fee: Before 8/1/2018	Registration Fee: After 8/1/2018	Total Paid
Physicians, Psychologists/Nurses	\$325.00	\$350.00	
Technologists/Respiratory Therapists	\$275.00	\$300.00	
Students (enrolled in CAAHEP Program)	\$200.00	\$250.00	
Guests (spouse/children) per person	\$ 50.00	\$ 50.00	

Method of Payment: Check Credit Card: Visa Master Card American Express Discover

Card Number: _____ CCV: _____ Expiration Date: ___/___/___ TOTAL \$ _____

Name on Card: _____ Signature: _____

Note: There is a \$5 service charge when using a credit card for on-line payment ONLY

Send Payment and Contract for Exhibit Space to:

Marietta Bibbs, BA, RPSGT, CCSH

Morton Plant Mease Health Care

1840 Mease Drive, Suite 120 – Safety Harbor, FL 34695

Phone: 727-725-6455 ♦ Fax: 727-725-6452

Please note: there is a \$150.00 cancellation fee if registration is cancelled by August 15, 2018. We are unable to refund any registration fees after that date.