

SAVE THE DATE
NOV. 2-3, 2012

FOUR SEASONS HOTEL
DOWNTOWN - ST. LOUIS MISSOURI

*You must register by **September 28, 2012** to guarantee conference materials and benefits!*

Online—We strongly encourage you to register for the conference at www.sleepupdates.org, if at all possible. Online registration will streamline your conference records and continuing education credits. You will need a major credit card to pay for your online registration.

Fax or USPS—Use this form or the interactive form available at www.sleepupdates.org.

- Use only one form per registration
- Complete all information and print clearly and accurately or we may not be able to process your registration or education credits
- To register by fax, you must pay by credit card. Fax this completed form to **314-255-2352**, marked to the attention of the USM Conference Coordinator.
- To register by US Mail, you may pay by credit card or check. Mail this completed form with your check or credit card information to:

USM Program Coordinator
c/o Black Twig Communications
7711 Bonhomme Ave, Suite 505
St. Louis, MO 63105

IMPORTANT!—Your conference registration *does not* cover your overnight accommodations, meals or activities outside the conference. Cancellation may affect refund of all or a portion of your registration fee. The generous conference discount on hotel accommodations at The Four Seasons Hotel has limited availability and the *absolute deadline* for discounted hotel registration is October 10, 2012 — *no exceptions!* Consult www.sleepupdates.org for complete information on conference registration and refunds and additional information on The Four Seasons. Remember, you must book your hotel accommodations directly with The Four Seasons.

Questions?—Call 877-334-2676 or email sleepupdates@claytonsleep.com.

Updates in Sleep Medicine is a program of the Clayton Sleep Research Foundation
www.sleepupdates.org 877-334-2676

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First Name: _____ MI: _____ Last Name: _____

Company/Institution: _____

Physician \$200.00 Non-physician \$150.00 Student \$90.00 *(Be prepared to provide proof of student status at check in)*

Title/License Appellation—Check all that apply:

- Physician [MD, DO] Sleep Technologist
 Physician's Assistant AAST BRPT
 Nurse Practitioner Respiratory Therapist
 Registered Nurse RRT CRT
 Ph.D., Pharm.D., Psy.D Allied health provider: _____

License number: _____

Practice Specialty: _____

Accreditation—Check all that apply:

- American Medical Association
 American Nursing Credentialing Center Commission on Accreditation
 American Association for Respiratory Care
 American Association of Sleep Technologists

Mailing Address—for your continuing education certificate or certificate of attendance:

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____

Daytime phone: () _____ Fax: () _____

Email: _____

Payment:

Enclose a check in the amount of \$ _____ payable to the Clayton Sleep Research Foundation or your permission to charge \$ _____ to your credit card:

Credit Card #: _____

MasterCard Visa Expiration Date: Month: _____ Year: _____

Name as it appears on Credit Card: _____

Signature: _____

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