

**Biographical Information**

First Name:		Last Name:		Degree(s):	
Address:					
City:	State:	Postal Code:	Country:		
Phone:		Mobile Phone: <i>(Emergency use only)</i>			
Email: <i>(Required for confirmation)</i>					

**Primary Specialty**

<input type="checkbox"/> Sleep Medicine	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neurology	<input type="checkbox"/> Nursing
<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychology	<input type="checkbox"/> Pulmonary Medicine	<input type="checkbox"/> Other

**Dietary Needs**

<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Halal
<input type="checkbox"/> Other (please specify):					

**How Did You Hear About This Course?**

<input type="checkbox"/> Website	<input type="checkbox"/> Email	<input type="checkbox"/> Colleague	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other
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**Name Badge Preference**

Please provide your city and state to be listed on your name badge:

**Contact Information Agreement**

By keeping the box below checked, you are giving permission to share your contact information with industry representatives participating in this event.

I consent to share my contact information

**What is your current practice setting? (check all that apply)**

<input type="checkbox"/> Solo Practice (owner)	<input type="checkbox"/> Group Practice (Equity Owner)	<input type="checkbox"/> Employed Physician Practice	<input type="checkbox"/> Academic	<input type="checkbox"/> Military
<input type="checkbox"/> Other (please specify):				

**How do you identify your race? (check all that apply)**

<input type="checkbox"/> Asian (South/East/Southeast)	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American/Alaskan
<input type="checkbox"/> Hispanic/Latinx	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Other (please specify):		

**What is your gender? (check all that apply)**

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Decline to Answer
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**Do you have a disability that requires modifications or accommodations?**

<input type="checkbox"/> Visual	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility Impairment
<input type="checkbox"/> Not Listed (please specify):			

*Please continue to page 2 to provide payment information.*

First Name:

Last Name:

Registration Rates	On or before December 18	December 19 through January 15	January 16 through February 19
AASM Individual/Facility Member Member/Accred #	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200
Student Member Member #	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
Student Nonmember	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,050
Nonmember	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,400

**Method of Payment**

<input type="checkbox"/> Check payable to the AASM (U.S. funds drawn on a U.S. bank)	Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number:	Exp. Date:	Validation Code**:
Cardholder's Name:	Signature:	Date:
Billing Address:		
<small>**For Visa, MasterCard and Discover, the validation code is the last 3 numbers in the signature box. For American Express, the validation code is the 4 numbers above the credit card number.</small>		

**Questions?**

<a href="http://aasm.org/events">aasm.org/events</a>	<a href="mailto:courses@aasm.org">courses@aasm.org</a>	<b>Tel:</b> (630) 737-9700	<b>Fax:</b> (630) 737-9790	<b>Mail:</b> American Academy of Sleep Medicine Attn: Meeting Department 2510 North Frontage Road, Darien IL 60561
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Confirmation and Registration Disclaimer: Registration is limited. Please register early. Confirmation will be sent via email within one week of receipt of registration form and payment. All attendees must pre-register; on-site registration will not be accepted. The AASM will not be held liable if an individual purchases an airline ticket before receiving confirmation of registration for a course.

Cancellation Policy: The AASM is implementing a flexible cancellation policy for Sleep Medicine Trends. All cancellation requests must be submitted in writing to the AASM national office at [courses@aasm.org](mailto:courses@aasm.org). Registrants who submit a cancellation request **by Sunday, Jan. 15, 2023**, will receive a full refund of all registration fees. For registrants who submit a cancellation request after Jan. 15, 2023, a \$50 administrative fee will be withheld from the registration refund. (Hotel and travel reservations must be cancelled separately and are not covered by this policy). The AASM reserves the right to cancel this course and provide a full refund to registrants should conditions warrant cancellation. The refund will only include the cost of registration for the event.

Weather Cancellation Policy: In the event that a registrant is unable to attend a course due to severe weather forcing airline cancellations or airport closures, the American Academy of Sleep Medicine will apply 50 percent of the individual's registration fees toward another AASM course (excluding the SLEEP meeting) held within 12 months. Registrants will need to provide documentation from the airport or airline confirming the inability to travel due to severe weather within 30 days following the course. The American Academy of Sleep Medicine will not apply this policy to the SLEEP meeting, as the length and nature of the meeting allows for registrants to attend a portion of the event regardless of severe weather.

COVID-19 Policy: The AASM is monitoring the ongoing COVID-19 pandemic and is working with the hotel to promote a healthy, safe, and enjoyable experience for all attendees, exhibitors, and staff. Any COVID-19 protocols implemented for Sleep Medicine Trends will be announced closer to the event and will be based on CDC guidance and the recommendations and requirements of the state of Texas, Travis County, and the city of Austin. Please continue to monitor the event webpage for updates.