



Case Report for Clinical Trainees Submission Request

33rd Annual Meeting of the Associated Professional Sleep Societies, LLC

June 08 - 12, 2019 | Henry B. González Convention Center

APPLICATION

The deadline to submit this form is December 17, 2018.

Information

Date: _____ Contact Author's Name: _____

Contact Author's Email: _____

Title of Case Report: _____

In order to submit a case report for SLEEP 2019, you must be in clinical training. You are required to verify this by completing the information below:

I certify that I am in **clinical sleep medicine training** at the following institution:

Name of Training Director: _____

Email of Training Director: _____

To be completed by training director:

I verify that the author listed above is currently enrolled in a **clinical sleep medicine training program**.

Training Director Signature: _____

Date: _____

Copyright Assignment Statement

Accepted case reports will be published and copyrighted in the *SLEEP* abstract supplement. Check each of the boxes below to agree to the conditions of the copyright assignment statement. By submitting this abstract, all authors have agreed to the below statements:

I/We attest that the submitted case report has not been previously published elsewhere and transfer, assign, or otherwise convey all copyright ownership of the submitted case report, including any and all rights incidental thereto, exclusively to the APSS.

I/We verify that the case report submitted does not contain any copyrighted materials.

I/We represent that the content of the case report is accurate to the best of our knowledge.

I/We agree that the poster presentation is our own original work and will not infringe on any personal or property rights of any other person or organization, or we have secured any necessary permission to include copyrighted materials in the presentation.

I/We agree to be responsible for costs associated with noncompliance of the copyright policy

Payment Information

Nonrefundable Case Report Submission Fee \$50.00

Total Amount Owed \$50.00

Credit Card Type: Visa MasterCard American Express

Credit Card Number: _____

Exp Date: _____ Validation Code: _____

Name of Cardholder (Please Print): _____

Billing Address: _____

Signature of Cardholder: _____

APSS

Attn: SLEEP 2019

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