



## Extended Deadline Abstract Submission Request Form

33<sup>rd</sup> 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: \_\_\_\_\_

Expected Title of Abstract: \_\_\_\_\_

In order to submit an abstract between December 18, 2018 and March 18, 2019, you must be in your **first year of graduate training, postgraduate training or a clinical sleep medicine fellowship**. You are required to verify this by completing the information below:

I certify that I am in my **first year of graduate training, postgraduate training or a clinical sleep medicine fellowship** 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 his/her first year of **graduate training, postgraduate training or a clinical sleep medicine fellowship**.

Training Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Copyright Assignment Statement

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 verify that the abstract submitted does not contain any copyrighted material.

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

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

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.

#### Payment Information

Nonrefundable Abstract Submission Fee \$50.00

**Total Amount Owed \$50.00**

Credit Card Type:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Validation Code: \_\_\_\_\_

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#### APSS

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