



Affiliate Meeting Request

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

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

APPLICATION

Due to APSS by May 24, 2019

Thank you for your interest in securing hotel meeting space during SLEEP 2019. We request that you submit one application for each event requested. Applications are accepted between February 7 and May 24, 2019. Once your application is processed and approved, you will receive an email with contact information for the official SLEEP contracted hotels in the San Antonio area. You are encouraged to contact the hotel of your choice and work directly with them to make the final plans for your event. Any cost incurred with your event will be billed directly to you by the hotel.

There is a non-refundable fee of \$100.00 per event. The application will not be reviewed until the fee is received.

Please note: APSS Corporate Supporter Members get a discount on this fee.

AFFILIATE FUNCTIONS MAY NOT BE SCHEDULED DURING THE FOLLOWING BLACKOUT PROGRAM HOURS:

Sunday, June 9: 1:00 PM – 6:15 PM | Monday, June 10 – Wednesday, June 12: 8:00 AM – 6:00 PM

General Information:

Company Name:			
Primary Contact Person:			
Address:			
City:	State:	Postal Code:	Country:
Phone:	Email:		

Function Type:

<input type="checkbox"/> Meeting	<input type="checkbox"/> Staff Meeting	<input type="checkbox"/> Reception	<input type="checkbox"/> Dinner	<input type="checkbox"/> Multi-day Use
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Purpose of Meeting (50-word maximum):

General Meeting Information

Date(s) of Meeting:	Time(s) of Meeting:
Preferred Location(s):	
Estimated Attendance:	Estimated Number of SLEEP Participants:

Food, Beverage, and Audio-Visual Requirements (50-word maximum):

Additional Information/Comments (50-word maximum):

Method of Payment

<input type="checkbox"/> Check payable to the APSS (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	Total:
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>		

APSS
Attn: SLEEP 2019
2510 North Frontage Road
Darien, IL 60561

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Fax: (630) 737-9790
Email: info@sleepmeeting.org