



**NINTH ANNUAL EDUCATIONAL CONFERENCE REGISTRATION**

Attendees should pre-register by completing the registration form and returning with payment. You may also register online at [www.marylandsleepsociety.com](http://www.marylandsleepsociety.com).

**PHYSICIANS, DENTISTS AND PhDs**

**Course Fees For Members\***                      **Postmarked Before 4/13/18**                      **Postmarked After 4/13/18**

Friday and Saturday	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275
Friday only	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Saturday only	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175

**Course Fees For Non-Members**

Friday and Saturday	<input type="checkbox"/> \$350
Friday only	<input type="checkbox"/> \$300
Saturday only	<input type="checkbox"/> \$250

**ALL OTHER SLEEP PROFESSIONALS**

**Course Fees For Members\***                      **Postmarked Before 4/13/18**                      **Postmarked After 4/13/18**

Friday and Saturday	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Friday only	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
Saturday only	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150

**Course Fees For Non-Members**

Friday and Saturday	<input type="checkbox"/> \$275
Friday only	<input type="checkbox"/> \$225
Saturday only	<input type="checkbox"/> \$200

**\* ACTIVE MEMBER of MARYLAND SLEEP SOCIETY, DELAWARE SLEEP SOCIETY, or VIRGINIA ACADEMY OF SLEEP MEDICINE**



Name: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Continuing Education Certificate Requested:**

- CME
- BRPT-member #: \_\_\_\_\_
- AARC- member #: \_\_\_\_\_
- AGD-PACE- member #: \_\_\_\_\_

**Conference Fee:** \_\_\_\_\_

**Join or Renew Membership to Maryland Sleep Society Now:** + \_\_\_\_\_

\$50 Doctoral Membership

\$25 Polysomnographic and Other Sleep Professionals

**Total Due:** \_\_\_\_\_

**Please complete and return with check to:**

Maryland Sleep Society  
 1211 Cathedral Street  
 Baltimore, MD 21201

Refund Policy: A full refund will be issued with a written request to MDSS by April 23, 2018. No refunds issued after that date.

*Registrants will be emailed a confirmation letter and directions.  
 Please note that only those registrants that supply an email address will receive a confirmation.*