

**Exhibitor Registration Form - 2015 Southern Sleep Society 37th Annual Meeting
April 16-19, 2015 – Harrah’s New Orleans Hotel**

Company Name: _____

Contact Person: _____

Names and email addresses of representatives attending the meeting (Max=4 representatives without additional charges): (5th Exhibitor cost is \$50, and 6th Exhibitor cost is an additional \$100.)

Company Mailing Address: _____

Phone: () _____ Fax: () _____ Email: _____

Booth Requirements: Electrical outlet: Yes _____ No _____ Other _____

Description	Early Registration Before 02/28/2015	Registration After 02/28/2015	Total Payment
Exhibitor Registration Fee	\$ 1000.00	\$ 1200.00	
Commercial Support – Platinum Level	\$ 5000.00	\$ 5000.00	
Commercial Support – Gold Level	\$ 3500.00	\$ 3500.00	
Commercial Support – Silver Level	\$ 3000.00	\$ 3000.00	
Commercial Support – Bronze Level	\$ 2000.00	\$ 2000.00	
Commercial Support - Refreshment Break	\$ 1500.00	\$ 1500.00	
Commercial Support – Founders Award	\$ 750.00	\$ 750.00	
Commercial Support – Golf Hole Signage	\$ 250.00	\$ 250.00	
Website Banner (Yearly Fee)	\$ 250.00	\$ 250.00	
Corporate SSS Membership Dues	\$50.00	\$50.00	
Golf Tournament Green Fee (includes Lunch)	\$95.00	\$95.00	
Total Payment			\$

Payment method: _____ Check _____ Credit Card: _____ Visa _____ MC _____ AMX
 Card #: _____ Expiration: ____/____/____ CCV: _____

Note: There is a \$5.00 Registration processing fee for payments made with a credit card

Checks payable to Southern Sleep Society, Mail to: Attn Marietta Bibbs, 422 Wildwood Way, Belleair, FL 33756

Secure Fax (land line): 727-953-7619 **EFAX:** 727-286-2992.

Credit card payments may be securely processed through our website link: www.southernsleepsociety.org

Meeting Cancellation policy: There is a **\$100 non-refundable** fee if registration is canceled before **March 31, 2015**. No refunds for cancelations made after **March 31, 2015**.

* Exhibitors are fully responsible to pay for any and all shipping charges to and from the meeting site. Exhibitor shall be fully responsible to pay for any and all damages to property owned by Harrah’s New Orleans Hotel, its owners or managers which result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless, Harrah’s New Orleans, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor’s use of the property. Exhibitor’s liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor’s occupancy and use of the exhibition premises, the Hotel or any part thereof.

Signed: _____ Title: _____

Atlanta School of Sleep Medicine
Southern Sleep Society
Company Name: _____

1. Statement of Purpose:

_____ agrees to provide an educational grant in the amount of \$_____ to support the creation of a certified CME activity further outlined in this document and agrees not to provide any additional funds to the director of the activity, faculty or others involved with the activity beyond the amounts stipulated in the activity budget. The parties to this agreement declare their intent to abide by the ACCME Standards for Commercial Support (attached).

By accepting this grant Atlanta School of Sleep Medicine and the Southern Sleep Society agree to acknowledge the educational support from _____ in activity announcements such as brochures, syllabi and other education materials, and to provide a full financial report of income and expenses related to this activity within 60 days after the conclusion of this activity.

2. Control of Content and Selection of Presenters and Moderators

_____ agrees that Atlanta School of Sleep Medicine and the Southern Sleep Society will control the planning and implementation of the CME activity, including all of the following:

- a. Identification of CME needs
- b. Determination of educational objectives
- c. Selection and presentation of content
- d. Selection of all persons and organizations that will be in a position to control the content of the CME
- e. Selection of education methods
- f. Evaluation of the activity.

3. Disclosure of Financial Relationships

Atlanta School of Sleep Medicine agrees to ensure that all planning committee members, teachers or authors of a CME activity will disclose all relevant financial relations with any commercial interest. Any individual refusing to disclose relevant financial relationships will be disqualified from being involved in this CME activity.

4. Promotional Activities

_____ agrees not to conduct any promotional or sales activities, including, but not limited to, presentations by sales representatives or exhibits, in the same room as the educational activity. _____ also agrees to comply with Atlanta School of Sleep Medicine’s “Policy on Role of Commercial Interest Representatives” and “Policy on Advertising”.

5. Content

Atlanta School of Sleep Medicine and Southern Sleep Society agree to comply with Atlanta School of Sleep Medicine’s “Policy on Content and Format” and “Policy on Content Validation”.

6. Objectivity and Balance

Atlanta School of Sleep Medicine and Southern Sleep Society will ensure that the data will be objectively selected and presented, that both favorable and unfavorable information about any products will be fairly represented, and that there will be balanced discussion of the prevailing body of scientific product information and alternative treatment options.

7. CME Activity Description

Southern Sleep Society as the recipient of the educational grant agrees to develop the following:

37th Annual Meeting: April 16-20, 2015 – New Orleans, LA
“Management of Sleep Disorders in the Age of Obamacare and Insurance Mandates”

8. Signatures

For Atlanta **School of Sleep Medicine** (Date)
Russell Rosenberg, Ph.D., CEO

For **Southern Sleep Society** (Date)
Marietta Bibbs, RPSGT, Meeting Coordinator

For (Company)_____ (Date)

Print Name and Title