



**Exhibitor Registration Form - 2021 Southern Sleep Society 43rd Annual Virtual Meeting
April 23-25, 2021**

Company Name: _____

Contact Person: _____

Names and email addresses of representatives attending the meeting

Company Mailing Address: _____

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

Will your Virtual Booth Be Manned Yes ___ No ___ Other _____

Exhibitor Registration Fee	\$500.00	\$ 700.00	
Corporate Membership Dues	\$75.00	\$75.00	
Luncheon Symposium*			
Breakfast Symposium*			
Platinum Support	\$4000.00		
Gold Support	\$3000.00		
Silver Support	\$2000.00		
Bronze Support/Banner Ad	\$1000.00		
Total Payment			\$

***Contact Meeting Planner Directly (mariettabibbs@southernsleepsociety.org)**

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

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

Make Checks payable to Southern Sleep Society, Mail to: Marietta Bibbs, 1311 Sunset Wind Loop, Oldsmar, FL 34677 - Secure Fax (land line): 813-475-5396: Credit card payments may be securely processed through website link www.southernsleepsociety.org

Meeting Cancellation policy: There is a **\$200 non-refundable** fee if registration is canceled **BEFORE April 10, 2021.** No refunds will be made for cancelations after **April 10, 2021.** *