

# 2020 VASM/SSS Participant Registration Form

Virtual Conference – November 12–13, 2020

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree/Certification: \_\_\_\_\_ Email Address: \_\_\_\_\_

Institution/Group Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SSS REGISTRATION OPTIONS (CHOOSE ONE)

- Apply my registration fees to the **May, 2021** SSS in-person conference in Charlotte, NC.
- Apply **part** of my registration fees for the **VASM/SSS Virtual Conference** and APPLY remaining funds toward the **May, 2021** SSS in person conference in Charlotte, NC.
- Use **part** of my registration fees for the **VASM/SSS Virtual Conference** and REFUND remaining fees (minus 3.99% convenience fee).
- Refund registration fees paid for the March, 2020 conference (minus a 3.99% convenience fee).
- Register and pay for the VASM/SSS Virtual Conference through the Southern Sleep Society
- Register through the VASM website (<https://vasleepmedicine.com/2020-vasm-conference>)

**Note:** Dues payments are not refundable and will not count towards any refunds or remaining registration fees to be used at the 2021 in-person conference.

Registration Type	Before 10/19/20	After 10/19/20	Total Paid
VASM/SSS <b>Member</b> Registration (MD/PhD/DDS/PhD)	\$125.00	\$150.00	
VASM/SSS <b>Non-Member</b> Registration (MD/PhD/DDS/PhD)	\$240.00	\$265.00	
VASM/SSS <b>Member</b> (Allied Health, RPSGT, RRT, NP, RN, etc.)	\$ 55.00	\$ 80.00	
VASM/SSS Non-Member (Allied Health, RPSGT, RRT, NP, RN, etc.)	\$120.00	\$145.00	
Resident/Student (must send copy of student ID)	\$ 30.00	\$ 55.00	
<b>Total Due</b>			

**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*

- Make Checks payable to Southern Sleep Society, Mail to:** Marietta Bibbs, 1311 Sunset Wind Loop, Oldsmar, FL 34677
- Fax form to Secure Fax (land line):** 813-475-5396: Credit card payments will be securely processed through [this](#) website link at [www.southernsleepsociety.org](http://www.southernsleepsociety.org)

I will attend the Virtual Happy Hour with Mixologist on November 12 at 6:45–7:30 PM  Yes  No

Indicate below whether you will watch the conference live or on-demand

- I will participate in the live conference
- I will watch the conference on demand (link will be emailed after the conference)

## Registration Information

- Each person wishing to claim CME/CE credit for this conference must register and pay. If you are not registered, you will not be included on the CME attendance list. If you cannot watch the conference live, you can watch the recording at a later date and claim credit. Please indicate below whether you will watch live or watch the recording.