



Registration Form

Registration Data *(Please print or type clearly)*

Last Name _____ First Name _____ Credential(s) _____

Address _____

City _____ State _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____

Email *(email required to receive confirmation)* _____

Special Needs/Accommodations _____

Membership Dues and Nonmembers

Membership dues are based on the date that the registration is received by the national office. Membership will be valid through December 31, 2012.

Member ☐ \$175.00
Associate Member ☐ \$125.00
Student Member ☐ \$50.00

Are you a member? Become a member by checking the appropriate box. You may register for the meeting for free. Visit www.behavioralsleep.org/membership.aspx for details on membership.

Registration Fees *(Check the appropriate registration fee.)*

SBSM Member ☐ \$0.00
Nonmember ☐ \$85.00

Continuing Education Credit Fees *(Check the appropriate registration fee.)*

| | SBSM Members | Nonmembers |
|----------------------|----------------------------------|----------------------------------|
| CME for physicians | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$35.00 |
| CE for psychologists | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$35.00 |
| Letter of attendance | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$35.00 |

Method of Payment *(Check one)*

☐ Check made payable to the SBSM *(U.S. funds drawn on a U.S. bank)*

Credit Card

- ☐ VISA
☐ MasterCard
☐ American Express

Card #: _____ Exp. Date: _____ Validation Code**: _____

Cardholder's Name: _____

Billing Address: _____

Signature: _____ Date: _____

**For a VISA or MasterCard, the validation code is the last 3 numbers in the signature box. For an American Express, the validation code is the 4 numbers above the credit card number.