IPSA 2018 Registration

SECTION I – Registration Information

Family Name: _____ Given Name: _____

Company: _____ Department: _____

Address: _____

City: _____State/Province: _____Zip / Postal Code: _____ Country: _____

Telephone: _____Fax: _____ Email Address: _____

Degree(s) check: MD☐ PhD☐ RST☐ CPSGT☐ RPSGT☐ DO☐ DDS☐ RN☐ APRN☐ PA☐ Other_____

Primary Specialty:

☐ Sleep ☐ Neurology ☐ Pediatrics ☐ Psychology ☐ Internal Medicine ☐ Neurophysiology

☐ Psychiatry ☐ Pulmonary Medicine ☐ Family Medicine ☐ Otolaryngology ☐ Nursing ☐ Anesthesiology

Special Services: ☐ Please check here if you require special services to fully participate in the meeting. Attach a written description of your needs.

SECTION II – General Session Registration

Registration Category	**Fees (US Dollar)**		
	Standard Rate		On-site Rate
			As of April 27, 2018
IPSA Member	☐ $275		☐ $350
Non-member	☐ $350		☐ $425
Student	☐ $150		☐ $225

SECTION II TOTAL: $_____

Section II b. – To register as a student, you must currently be enrolled in a formal training program.

☐ By checking this box, I am verifying that I am currently a student enrolled in a formal training program. I give permission to contact my director to verify my student status. My program director's name and email:

Program Director's Name: _____ Program Director's Email Address: _____

SECTION II – Course Registration – There is no limit to the number of courses for which you can register: course descriptions available at IPSA2018.com**.**

Course Registration Category	**Before April 27, 2018**
Course: full day	☐ $125
Course: half day	☐ $75

Friday, April 27, 2018
Full-day Courses: ☐ **CO1**
Half-day Courses ☐ **CO2** ☐ **CO3**

SECTION II TOTAL: $_____

SECTION IV – Credits

☐ Continuing Medical Education (CME) Credit $20.00

SECTION IV TOTAL: $_____

Please total each section on both sides of this registration form:	**Grand Total: $ _____**

Payment in full must accompany registration. Payment may be in the form of a check drawn on a U.S. bank or a MasterCard/Visa. Cancelations can be made until March 31, 2018 less a $50 administration fee. No refunds are possible after March 31, 2018. Full refund of registration if abstract is not accepted. Registration confirmations will be emailed approximately 3 business days after the receipt of your registration form. **Questions can be sent to:** info@IPSA2018.com**.**

Payment Method

☐ Check: Payable to International Pediatric Sleep Association (enclosed, USD$) ☐ MasterCard ☐ Visa

Card# _____ Exp. Date (month/year) _____ /_____ Validation Code _____

Cardholder Name: _____ Signature: _____

Submit registration to: info@IPSA2018.com**; by fax: +001-612-465-5357; or by mail:**

MAIL TO:
IPSA
C/O WORLD SLEEP SOCIETY
3270 19TH ST NW, SUITE 110
ROCHESTER, MN 55901
USA