

SECTION I - Registration Information

Registration Form

Join us online to hear the latest in sleep medicine and research during this multi-day online event hosted by World Sleep Society.

This virtual meeting will be available at no cost to members. WSS associate society members may also attend at no cost.

Please email info@worldsleepsociety.org with any questions about accessing the member rate.

World Sleep 2021 begins with sessions on December 3-5, 2020, and will continue through December 2021.

OLOI	1014 I - Negistration information			
First N	ame:	Last Name:		
Compa	any:			
Addres	SS:			
City: _	State/Province:	Zip / Postal Code:	Country:	
Teleph	one:Emai	il Address:		
SECT	ION II – Registration Type			
Registration is free to members of the World Sleep Society and members of our associate societies. Please visit our <u>Current Associate Society Members</u> page for a complete list of societies.				
FREE REGISTRATION (Please check if applicable)				
I am a member of the World Sleep Society (WSS)				
I am a member of an associate society:				
PAID I	REGISTRATION (\$29.00 USD)			
I am not a member of the WSS or an associate society				
SECT	ION III – Terms and Conditions			
SECT	ION III – Terms and Conditions			
•	Acceptance of the following state receive email communication from	•	conference: "I provide consent to	
	Please fill in the field with today's	date to accept:		
•	"I provide consent to receive third	d party email communication in	relation to the congress."	
	Please check the box to accept.:			



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SECTION IV – Billing Information

If applicable, please fill out the follow	wing information:
Pay via invoice (if checked, ar	n invoice will be generated and sent to you using the details provided in Section I)
Pay via credit card (please su	bmit your details below)
Card#	Exp. Date (month/year)/Validation Code
Cardholder Name:	Signature:

Questions? Please send an email to info@worldsleepsociety.org. Thank you.