

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.

| SECTION I – Reg | gistration Information | | | | |
|-----------------------|---|---|-----------|---------------------------|---------|
| First Name: | | Last Name: | | | |
| Company: | | | | | |
| Address: | | | | | |
| City: | State/Province: | Zip / Postal Code: | | Country: | - |
| Telephone: | Email / | Address: | | | |
| | | | | | |
| SECTION II - Re | gistration Type | | | | |
| - | to members of the World S Society Members page for a | leep Society and members of o a complete list of societies. | ur associ | ate societies. Please vis | it our |
| FREE REGISTRA | TION (Please check if appli | icable) | | | |
| I am a membe | er of the World Sleep Societ | ty (WSS) | | | |
| I am a membe | er of an associate society: _ | | | | |
| PAID REGISTRAT | TION (\$29.00 USD) | | | | |
| I am not a me | mber of the WSS or an asso | ociate society | | | |
| | | | | | |
| | lling Information | | | | |
| If applicable, please | e fill out the following inform | nation: | | | |
| Pay via invoic | e (if checked, an invoice wil | Il be generated and sent to you | using the | details provided in Sec | tion I) |
| Pay via credit | card (please submit your d | etails below) | | | |
| Card# | | Exp. Date (month/year) | / | Validation Code | |
| Cardholder Name: | | Signature: | | | |