

## Participant Information

Full Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Name on Name Badge \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Sleep Center where you work: \_\_\_\_\_

City, State: \_\_\_\_\_

NOTE: Please make your hotel reservations at the **Crowne Plaza Los Angeles International Airport**, 5985 Century Blvd., Los Angeles, CA 90045. Contact Number: 1-888-444-0401. Reference the CA Sleep Society Special rate of \$79.00/night. If registering for the hotel online (www.crowneplaza.com), please utilize group code: C49. NOTE: Guest parking is \$10.00/day, \$12.00/night (overnight); \$20.00 Valet.

### California Sleep Society

#### Website:

[www.californiasleepsociety.org](http://www.californiasleepsociety.org)

### Payment Information

Method of payment: Check, Mastercard or Visa (via PayPal)

Mail checks to:

**California Sleep Society  
985 Atlantic Avenue, Suite 260  
Alameda, CA 94501**

\$175.00 for Physicians       \$125.00 for Technicians

\$100.00 for Students (must show Student ID)

\$200.00 for On-Site Registration (Day of Meeting)

### Please Send My Confirmation Letter To:

Email Address	
Fax Number	
Mail Address Above	

FOR OFFICE USE ONLY	
Date Received	
Payment	
Confirmation Sent	