



Course Registration Form

Attendance is limited. Please confirm your registration before making travel arrangements, and be sure to read registration policy and course information on the following page before registering.

Please check the appropriate box(es) below to indicate course(s) for which you would like to register.

Table with 5 columns: DATE, COURSE NAME, \*CME/CEU, TUITION, LENGTH. It lists three course options with checkboxes for registration.

The School of Sleep Medicine, Inc.™ (SSM) is dedicated to providing the highest quality basic and advanced education in the principles of normal sleep and sleep disorders.

Approval of CME credit is pending.

SSM is approved by the California Board of Registered Nursing. Provider number CEP 13130. SSM, in accordance with the criteria and guidelines set forth by the International Association for Continuing Education and Training, awards CEU units to participants.

REQUIRED INFORMATION (PLEASE PRINT OR TYPE)

Last Name First Specialty

Creds (check) M D O Ph D D S R N R R T R P S G T R E E G T Other SSM Alumnus/Alumna? (check if yes)

Mailing Address

City/State Zip

Country (other than USA) Phone (home) Phone (mobile)

Phone (work) Fax E-mail

- Checkboxes for vegetarian meals and special assistance.

We accept payment by check. When paying by check, a \$500 deposit is required for registration.

Please make checks payable to The School of Sleep Medicine, Inc. • Fax or mail this form to:

THE SCHOOL OF SLEEP MEDICINE, INC.™
P.O. BOX 60665 • Palo Alto, CA 94306
Phone 650.326.1296 • Fax 650.326.1295



## Registration Policy & General Course Information

### REGISTRATION POLICY

In order to reserve a space, we require a completed registration form and a deposit check of \$500. (If paying by credit card, the full tuition payment is due with the registration form.)

Full payment for a course is due 4 weeks before the start of the course.

#### PLEASE NOTE:

1. Registration is confirmed upon receipt of deposit or full tuition and a completed registration form.
2. If you cancel, **at least 4 weeks or earlier**, before the start of a course for which you have registered, your deposit/full tuition can be applied to another course within one year of the cancelled course date. There will be an administration fee of \$100 per transfer.
3. If you cancel, **at least 4 weeks or earlier**, before the start of a course for which you have registered, and you choose not to transfer to another course, you will forfeit your deposit. If you have paid the full tuition, your tuition, less deposit, will be refunded.
4. In order to be eligible for tuition refund or transfer, notification of cancellation or transfer must be submitted in writing to SSM **at least 4 weeks prior** to the start of the course for which you have registered.
5. You will not be eligible for a refund or transfer if you do not attend the course for which you have registered, and/or fail to notify SSM in writing **at least 4 weeks prior** to the start of the course.

### GENERAL COURSE INFORMATION

Registration begins at 8:30 AM on first day of the course.

Lectures and workshops are presented throughout the day, typically beginning at 9:00 AM. Lunch, beverages, and snacks are provided during the course.

### SPECIAL ASSISTANCE

If you require special assistance during our course, please make your requests known to [ssm@sleepedu.net](mailto:ssm@sleepedu.net) upon registering.

### METHOD OF PAYMENT

Payment by check is required. Checks should be made payable to **The School of Sleep Medicine, Inc.**

Tuition is payable in U.S. dollars only.

The returned check fee is \$50.

Payment can also be made by **wire transfer**. There is a \$50 fee per payment to cover the wire transfer charges. Please contact our office for wire transfer instructions.

**If you have questions regarding registration, payment, schedules, or other matters, please contact us at 650.326.1296 or send email to [ssm@sleepedu.net](mailto:ssm@sleepedu.net) for further assistance.**