



Mississippi Sleep Society  
Facebook: [The-Mississippi Sleep-Society](#)  
On the Web: [www.mssleepsociety.com](http://www.mssleepsociety.com)  
E-MAIL: [ranorr98@gmail.com](mailto:ranorr98@gmail.com)

**MSS Course Registration Application**

Please complete the following application and mail it along with a check to the address listed below.

Meeting location: Mississippi Sports Hall of Fame & Museum, 1152 Lakeland Drive

Jackson, MS 39216

Meeting Date: Friday, February 21, 2014

Name

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Address

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Business Name

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Address

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Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

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E-Mail

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AARC/AAST# \_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

\_\_\_\_\_ M.D.    \_\_\_\_\_ Ph.D.    \_\_\_\_\_ RPSGT                      \_\_\_\_\_ RRT    \_\_\_\_\_ CRT

\_\_\_\_\_ RN    \_\_\_\_\_ LPN    Other

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**MAKE PAYMENT TO:**  
**Mississippi Sleep Society**  
**P.O. Box 320543**

Flowood, MS 39233

Payment options:

\_\_\_ Check# \_\_\_\_\_

\_\_\_ Credit Card VISA\_\_\_ MASTERCARD\_\_\_ DISCOVER\_\_\_

AMERICAN EXPRESS\_\_\_

CREDIT/DEBIT CARD #: \_\_\_\_\_ EXP.

DATE \_\_\_\_\_

Enclosed is:

\_\_\_ Pre-registration course fee \$20.00 for students (check, cash, or credit).

\_\_\_ Pre-registration course fee \$40.00 for members (check, cash, or credit).

**Registration at the door is**  
**\$60.00.**

# Mississippi Sleep Society

## EXHIBITOR REGISTRATION FORM

DIRECTIONS: Please provide your contact information below.

Person Coordinating Arrangements \_\_\_\_\_

Person Attending the Event \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

### EXHIBIT BOOTH PRICING:

\$200.00 PER BOOTH \_\_\_\_\_ 3X6 TABLE

### METHOD OF PAYMENT:

\_\_\_\_\_ Check or Money Order (Make payable to: Mississippi Sleep Society)

\_\_\_\_\_ Cash

\_\_\_\_\_ Credit card

\_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER

\_\_\_ AMERICAN EXPRESS

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

MAIL TO: Mississippi Sleep Society  
P.O. Box 320543  
Flowood, MS 39233

BY SIGNING BELOW, I REPRESENT AND AGREE AS FOLLOWS:

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION.

- 1) I AM AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF \_\_\_\_\_ (COMPANY'S NAME).
- 2) I UNDERSTAND AND AGREE THAT UPON MY SIGNATURE AND ACCEPTANCE OF THIS APPLICATION BY OBLIGATION OF THE COMPANY PURSUANT TO THE TERMS AND CONDITIONS OF THIS APPLICATION.
- 3) I ALSO UNDERSTAND AND AGREE TO THE MISSISSIPPI SLEEP SOCIETY (MSS) CANCELLATION POLICY.

CANCELLATION POLICY: ALL CANCELLATIONS MUST BE RECEIVED IN WRITING, FAX AND/OR E-MAIL. ANY CANCELLATIONS SUBMITTED WITHIN TWO WEEKS OF THE MEETING IS ENTITLED TO A REFUND EQUAL TO 30%

OF THE TOTAL SPONSORSHIP FEE PAID. ANY CANCELLATIONS  
SUBMITTED AFTER TWO WEEKS WILL NOT BE ENTITLED TO A REFUND.  
SHOULD YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO  
CONTACT Randall Orr, SECRETARY OF MISSISSIPPI SLEEP SOCIETY AT (601) 504-8792 OR EMAIL  
ME AT: ranorr98@gmail.com

PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_