

GROUP BLOCK REQUEST APPLICATION

(For Group Blocks of 10 or More Rooms Only)

SLEEP 2010 24TH ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES, LLC

Henry B. Gonzalez Convention Center – San Antonio, Texas - June 5-9, 2010

Exhibiting Company: _____

Primary Contact Name: _____

Address: _____

Telephone: _____ / _____ E-mail: _____

Date(s) of Arrival: _____ Date(s) of Departure: _____

Number of Rooms Required*: _____

Preferred Location(s): _____

Additional Information/Comments: _____

**The APSS will only approve a block of rooms if it is equal to or less than the number of rooms that the group utilized during the previous year's annual meeting. If the group requires additional accommodations, please provide the rationale in the additional information/comments space above.*

AFFILIATE MEETING REQUEST APPLICATION

SLEEP 2010 24TH ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES, LLC

Exhibiting Company: _____

Primary Contact Name: _____

Address: _____

Telephone: _____ / _____ E-mail: _____

Date(s) of Meeting: _____

Time(s) of Meeting*: _____

Preferred Location(s): _____

Estimated Attendance: _____ Estimated Number of SLEEP Participants: _____

Purpose of Meeting: _____

Food, Beverage and Audio Visual Requirements: _____

Additional Information/Comments: _____

**Affiliate functions may not be scheduled during the following blackout program hours:*

Sunday, June 6: 6:00pm – 10:00pm

Monday, June 7 – Wednesday, June 9: 8:00am – 5:00pm