

SLEEP

BALTIMORE 2018

SPEAKER NOMINATION

Suggested Presentation Type

Keynote Lecture

Invited Lecture

Meet the Professor

Nominee Name and Degree:

Nominee Email Address:

Nominee Phone:

Suggested Presentation Topic:

For your nominee to be considered for SLEEP 2018, please include a copy of their CV with this form.

In case of questions, please provide your personal contact information below

Name:

Email Address:

Phone:

Please submit this form along with your nominee's CV via email, fax, or mail no later than August 10, 2017.

Email: presentations@sleepmeeting.org

Fax: 630-737-9790

Associated Professional Sleep Societies, LLC
Attn: Meeting Department
2510 N Frontage Rd
Darien, IL 60561