**Host (will be responsible for sign in sheet, presentation and follow up report)**

* Name:

**Meeting/Conference**

* Meeting/conference name:
* Location:
* Date of meeting/conference:
* Approximate number of attendees:
* Describe how sleep and circadian science plays a role in this meeting:

**Club Hypnos Reception**

* Proposed date and time:
* Location:
* Estimated Number of attendees, including explanation of how this estimated number was derived:
* How will meeting attendees be notified about the reception (e.g., mailers/emails or listing in meeting program)?
* Proposed Speakers/presentations:
* SRS materials to be distributed (membership information, etc.):
* Summary of benefit to SRS if reception is held:
* Has a Club Hypnos been hosted at this conference in the past three years?
	+ If yes, a datablitz is strongly encouraged.

**Please note:** SRS requires an attendance sign-in sheet for all receptions. This sheet should include name, degree, institution, membership status and email address for SRS follow up.

**Budget**

Overall proposed amount requested:

Refreshments/snacks:

Fees (Room fee, AV, etc. – please itemize):

Taxes:

Other:

**Follow up**

A follow up report summarizing the reception is required. In addition, please send to SRS a copy of the attendance sheet.

Please email this application, along with a copy of the agenda for your meeting to SRS Coordinator at coordinator@srsnet.org by October 1, 2019.