

CONFERENCE GRANT SUPPORT PROGRAM (CGSP)

All materials (application and post-event reporting) may be submitted via email or mail to:

Email: conference@aasm.org

Mail: American Academy of Sleep Medicine
Conference Grant Support Program Manager
2510 N. Frontage Road
Darien, IL 60561

APPLICATION FOR CONFERENCE GRANT SUPPORT PROGRAM (CGSP)

Conference Organizer (Applicant)	Name:
	Affiliation:
	Mailing Address:
	Email:
	Telephone:

Conference Information	Name of Conference:
	Location & Dates:
	Target Audience:
	Learning Goals:
	Expected Attendance:
	Agenda: Attach course schedule including names of faculty and titles of sessions as Attachment A .

Relevance	How will the program further the mission of the AASM?
	How is the program distinct from current educational offerings of the AASM?

AMERICAN ACADEMY OF SLEEP MEDICINE (AASM)

Budget and Funding	Total anticipated expense for program:
	Amount requested from AASM:
	Funds received from AASM will be used to cover:
	Established additional sources of funding:
	Potential additional sources of funding:
Attach detailed budget as Attachment B .	
Attestations	<i>As conference organizer, I agree to use the funds provided by the AASM solely for the purposes listed above and to provide documentation and follow-up as requested by the AASM. The supported program will comply with ACCME requirements for disclosure of conflicts of interest and appropriate use of industry support. The support of the AASM will be acknowledged in written materials advertising the program as well as verbally at the start of the program.</i>
	Signature:
	Date: