

## General information

Your personalized template will print on the back panel of every brochure in your order. There is a \$65 fee for creating or revising a personalized template. This fee is waived on orders of 2,500 or more brochures. **Personalized templates must adhere to the content and artwork guidelines that follow.**

## Content guidelines

For **AASM Individual Members** the template may list their name and contact information only (sleep facility names, logos and maps may not be included). Individual members may not use the AASM logo. **AASM Accredited Member Facilities** may include their facility name, contact information, facility logo, map artwork and the AASM Accredited Member Facility logo (fully-accredited facilities only.) *Independent Sleep Practice Members that do not operate within an AASM Accredited Member Facility may only use the AASM Accredited Independent Sleep Practice Member logo.* No additional images are permitted. Staff physicians may be listed if they are AASM Individual Members. All information must be verified and approved by the AASM prior to order processing.

## Artwork guidelines

Artwork must be submitted in high resolution (300 dpi or higher) or in vector format. If submitting vector artwork, all fonts must be outlined and all images must be embedded. The following file formats are accepted: .tif, .eps, .psd, .ai, .pdf, and

.jpg. All artwork will be scaled proportionally to fit the imprint area (max dimensions: width = 3.375 inches, height = 8 inches). Color artwork can be used. All color artwork will be converted to CMYK colorspace. Email all artwork to [pborders@aasmnet.org](mailto:pborders@aasmnet.org) and include your facility name and/or membership number in your email.

## Minimum order requirements

Brochures are sold in packs. Each pack contains 50 brochures. There is a minimum order of 500 brochures. If paying with a purchase order, there is a minimum order of \$500.

## How do I submit my order?

Email: [pborders@aasmnet.org](mailto:pborders@aasmnet.org)

Fax: 630-737-9790

Mail: American Academy of Sleep Medicine  
2510 North Frontage Road  
Darien, IL 60561

## When will I receive my order?

Personalized brochures require approximately four weeks for delivery from the date of final personalized template approval. To ensure you receive your order in a timely fashion, be sure both pages of this form are completed, and all information meets the content and artwork guidelines. Failure to meet these guidelines or submitting an incomplete form may result in significant delays.

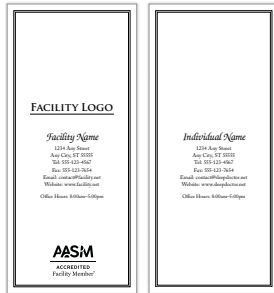
## Check only one

- I have an existing personalized template AND no changes are needed (please include a copy of your current personalized template and proceed to the next page)
- I am submitting a print-ready personalized template in accordance with the above content and artwork guidelines (please proceed to the next page)
- I have an existing personalized template that I would like to revise (please include a copy of your current personalized template and mark changes clearly or complete information below)
- I am creating a new personalized template (please complete information below)

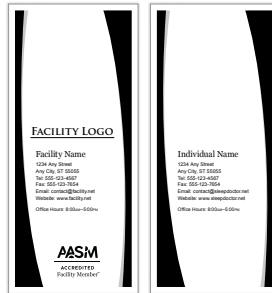
## Personalized Template Style

Please check one, if no style is checked, style A will be used.

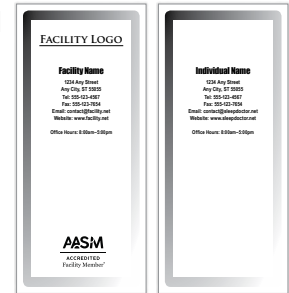
A



B



C



## Personalized Template Information

Print neatly, include only the information you'd like printed on your brochures. Information must match information on file with the AASM.

Name (Facility or Individual) \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address (line 2) \_\_\_\_\_ Fax Number \_\_\_\_\_

Address (line 3) \_\_\_\_\_ Email Address \_\_\_\_\_

Website \_\_\_\_\_ Hours \_\_\_\_\_

Additional Information (e.g., services or AASM member personnel) \_\_\_\_\_

Additional Information (line 2) \_\_\_\_\_

What artwork has been submitted with this order?  Black & White Logo  Black & White Map |  Color Logo  Color Map

Color Instructions (indicate the color to be used for your personalized template text and border)  Red  Green  Blue  Purple  Teal

Other \_\_\_\_\_

***This order form continues on the next page, incomplete forms will not be processed***

| Brochure Topic   | Item# | Quantity in Packs<br>(50 Brochures/Pack) | Personalization                  |                                  | Total   |
|--|-------|--|----------------------------------|----------------------------------|---------|
|  |       |  | No Color (Price/Pack)            | Color (Price/Pack)               |         |
| Dangers of Drowsy Driving  | 0100P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Healthy Sleep in Children  | 0110P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Healthy Sleep in Teens   | 0120P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| How to Sleep Better  | 0130P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Non-PAP Treatment for Sleep Apnea  | 0140P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| PAP Treatment for Sleep Apnea  | 0150P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| PAP Treatment Tips   | 0160P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Restless Legs Syndrome   | 0170P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Sleep and Emotional Health   | 0180P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Sleep and Physical Health  | 0190P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Sleep as You Grow Older  | 0200P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Sleep in Women   | 0210P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Snoring and Sleep Apnea  | 0220P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Understanding Insomnia   | 0230P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Understanding Narcolepsy   | 0240P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Understanding Parasomnias  | 0250P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Your Home Sleep Apnea Test   | 0260P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Your In-Lab Sleep Study  | 0270P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Your Sleep Schedule  | 0280P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Coping with Shift Work   | 0290P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Obstructive Sleep Apnea and Surgery  | 0300P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Sleep and Heart Health   | 0310P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Healthy Lifestyle, Healthy Sleep   | 0320P |  | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$23.00 |         |
| Creation of personalized template or revisions (waived on orders of 2,500 or more brochures) |       |  |                                  |                                  | \$65.00 |

### Member Information

**Check One:**  AASM Accredited Member Facility or Independent Sleep Practice  
 AASM Individual Member

Name (Facility or Individual) \_\_\_\_\_

Member # \_\_\_\_\_

SUBTOTAL ▶

IL State Residents add 8% sales tax ▶  
If your program is tax exempt, provide documentation on that status  
 MN State Residents add 6.875% sales tax ▶

SHIPPING ▶

TOTAL ▶

### Contact Information

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Shipping Information

Ship to \_\_\_\_\_

Address \_\_\_\_\_

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

### Method of Payment

Check No. \_\_\_\_\_ PO No. \_\_\_\_\_

(U.S. Bank Only; made payable to the AASM) (\$500 minimum on all purchase orders. Attach hard copy of PO with order)

Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Validation Code\* \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*For a Visa or Master Card, the validation code is the last 3 numbers in the signature box. For an American Express, the validation code is the 4 numbers above the credit card number.

| If your purchase (subtotal) is over \$200, we will ship your items anywhere in the contiguous US* for free. | SHIPPING FOR US GROUND ORDERS ONLY |            |                                |                        |  |                                    |
|---|------------------------------------|------------|--------------------------------|------------------------|--|------------------------------------|
|   | Products Ordered (# of Brochures)  | IA, MN, WI | IL, IN, KS, MI, MO, ND, NE, SD | AR, KY, OH, OK, TN, WV | AL, CO, CT, DE, GA, LA, MA, MD, MS, MT, NC, NH, NJ, NM, NY, PA, RI, SC, TX, VA, VT, WY | AZ, CA, FL, ID, ME, NV, OR, UT, WA |
| 500-900   | \$22                               | \$24       | \$28                           | \$34                   | \$41   |                                    |
| 1000-1400   | \$37                               | \$42       | \$47                           | \$59                   | \$68   |                                    |
| 1500-1900   | \$50                               | \$56       | \$65                           | \$80                   | \$92   |                                    |
| 2000-2400   | \$63                               | \$70       | \$80                           | \$100                  | \$115  |                                    |
| 2500-2950   | \$77                               | \$85       | \$100                          | \$115                  | \$130  |                                    |

\*Free shipping excludes Alaska and Hawaii.  
 3000 or more will be based on cost.  
 All Alaska, Hawaii and Non-US orders will be based on cost.

### Before you submit your order!

- Be sure both pages 1 and 2 of your Personalized Patient Brochures Order Form are completed and included.
- Double check all information for accuracy. You will receive a proof of your personalized template, but extensive revisions at the proof stage could incur additional production costs.
- If reordering or revising your existing template, include a copy of your current personalized template.
- Be sure all artwork is in accordance with the submission guidelines (see page 1).
- Include payment or a hard copy of the purchase order.