

Biographical Information

First Name:		Last Name:		Degree(s):	
Address:					
City:		State:		Postal Code:	
Country:					
Phone:			Mobile Phone: <i>(Emergency use only)</i>		
Email: <i>(Required for confirmation)</i>					

Primary Specialty

<input type="checkbox"/> Sleep Medicine	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neurology	<input type="checkbox"/> Nursing
<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychology	<input type="checkbox"/> Pulmonary Medicine	<input type="checkbox"/> Other

How Did You Hear About This Course?

<input type="checkbox"/> Website	<input type="checkbox"/> Email	<input type="checkbox"/> Colleague	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other
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Contact Information Agreement

By checking the box below, you are agreeing to receive content (i.e. emails, direct mail) from the AASM and exhibitors.

I consent to share my contact information

What is your current practice setting? (check all that apply)

<input type="checkbox"/> Solo Practice (owner)	<input type="checkbox"/> Group Practice (Equity Owner)	<input type="checkbox"/> Employed Physician Practice	<input type="checkbox"/> Academic	<input type="checkbox"/> Military
<input type="checkbox"/> Other (please specify):				

How do you identify your race? (check all that apply)

<input type="checkbox"/> Asian (South/East/Southeast)	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American/Alaskan
<input type="checkbox"/> Hispanic/Latinx	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Other (please specify):		

What is your gender? (check all that apply)

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Decline to Answer
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Do you have a disability that requires modifications or accommodations?

<input type="checkbox"/> Visual	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility Impairment
<input type="checkbox"/> Not Listed (please specify):			



September 21-24, 2023 | Virtual

First Name: _____ LastName: _____

Registration Rates

Member Type	Sleep Medicine Essentials & Intensive Scoring Review	BUNDLE: Sleep Medicine Essentials/ISR & Final Board Prep Course	BUNDLE: Sleep Medicine Essentials/ISR & Study Club
AASM Individual/Facility Member	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$950.00	<input type="checkbox"/> \$1,150.00
Nonmember	<input type="checkbox"/> \$900.00	<input type="checkbox"/> \$1,200.00	<input type="checkbox"/> \$1,400.00
Student	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$575.00	<input type="checkbox"/> \$700.00
Student Non-Member	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$725.00	<input type="checkbox"/> \$900.00

Method of Payment

<input type="checkbox"/> Check payable to the AASM (U.S. funds drawn on a U.S. bank)	Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number:	Exp. Date:	Validation Code**:
Cardholder's Name:	Signature:	Date:
Billing Address:		
<small>**For Visa, MasterCard and Discover, the validation code is the last 3 numbers in the signature box. For American Express, the validation code is the 4 numbers above the credit card number.</small>		

Questions?

aasm.org/events	courses@aasm.org	Tel: (630) 737-9700	Fax: (630) 737-9790	Mail: American Academy of Sleep Medicine Attn: Meeting Department 2510 North Frontage Road, Darien IL 60561
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Confirmation and Registration Disclaimer: Registration is limited. Please register early. Confirmation will be sent via email within one week of receipt of registration form and payment. All attendees must pre-register.

Cancellation Policy: Attendees will receive a full refund of all registration fees when a cancellation request is submitted in writing to the AASM meetings department at courses@aasm.org by Monday, Sept. 18, 2023. After this date, no refunds will be available. Refunds are not provided to no-shows. The AASM reserves the right to cancel this course and provide a full refund should conditions warrant. The refund will only include the cost of registration for the event.