

Biographical Information

Full Name:			Degree(s):
Address:			
Address Line 2:			
City:	State:	Postal Code:	Country:
Phone:	Fax:	Email: <i>(Required for confirmation)</i>	

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
----------------------------------	--------------------------------	------------------------------------	----------------------------------	--------------------------------

Are You Taking The Sleep Medicine Board Exam For The First Time Or Are You Recertifying?

<input type="checkbox"/> First time	<input type="checkbox"/> Recertifying	<input type="checkbox"/> N/A
-------------------------------------	---------------------------------------	------------------------------

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
---------------------------------	-------------------------------	-------------------------------------	---	--

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):			

Registration Rates

Registration Type		Registration Pricing
AASM Individual/Facility Member	Member/Accred #	<input type="checkbox"/> \$600
Nonmember		<input type="checkbox"/> \$750
AASM Student Member		<input type="checkbox"/> \$350
Student Nonmember		<input type="checkbox"/> \$450

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:			
**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.			

Questions?

aasm.org/events	courses@aasm.org	Tel: (630) 737-9700	Fax: (630) 737-9789	Mail: American Academy of Sleep Medicine Attn: Meeting Department 2510 North Frontage Road, Darien IL 60561
--	--	----------------------------	----------------------------	--

Confirmation and Registration Disclaimer: 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, July. 22, 2024. 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.