PRACTICE MANAGEMENT

November 15, 2024 | Virtual

Biographical Information

Full Name:			Degree(s):
Address:			
City:	State:	Postal Code:	Country:
Phone:	Fax:	Email: *(Required)*	

Specialty

☐ Sleep Medicine	☐ Anesthesiology	☐ Family Medicine	☐ Internal Medicine	☐ Neurology	☐ Nursing
☐ Otolaryngology	☐ Pediatrics	☐ Psychiatry	☐ Psychology	☐ Pulmonary Medicine	☐ Other

How Did You Hear About This Course?

☐ Website	☐ Email	☐ Colleague	☐ Mailing	☐ Other

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

☐ Solo Practice (owner)	☐ Group Practice (Equity Owner)	☐ Employed Physician Practice	☐ Academic	☐ Military
☐ Other (please specify):				

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

☐ Asian (South/East/Southeast)	☐ Middle Eastern	☐ Black/African American	☐ White/Caucasian	☐ Native American/Alaskan
☐ Hispanic/Latinx	☐ Hawaiian/Pacific Islander	☐ Other (please specify):		

What is your gender? (check all that apply)

☐ Female	☐ Male	☐ Non-binary	☐ Other (please specify)	☐ Decline to Answer

Do you have a disability that requires modifications or accommodations?

☐ Visual	☐ Hearing	☐ Speech	☐ Mobility Impairment	☐ Not Listed (please specify):

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

Registration Rates

AASM Individual Member	Member #	☐ $325.00
Nonmember		☐ $500.00

Method of Payment (if applicable)

☐ Check payable to the AASM (U.S. funds drawn on a U.S. bank)	Credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	
Card Number:	Exp. Date:	Validation Code:
Cardholder's Name:	Signature:	Date:
Billing Address:		

Questions?

aasm.org/events	courses@aasm.org	**Tel:** (630) 737-9700	**Fax:** (630) 737-9790	**Mail:** American Academy of Sleep Medicine, Attn: Meetings 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: Written notification must be submitted to the AASM meeting department for registration cancellation. A $50 administrative fee will be withheld on cancellations postmarked prior to October 25, 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.