

PLAIN BACKGROUND TEMPLATE INFORMATION FORM

Have the AASM Create a Template for You

This unique service is offered strictly to our members. Using the sample template design to the right we can imprint your information provided us below for a fee of only \$50.00.

*Name of Practice: (not Sleep Center)

Address:

Phone Number, Fax, e-mail address

Hours

Additional Information (ie: services, personnel)

Information regarding your program (as you indicate above) will be printed on the sample to the right. Please contact Henry Kman at 708-273-9317 or e-mail to hkman@aasmnet.org with your questions.

*Only accredited member centers and laboratories are allowed to list the name of a sleep center. Individual members must print their private office address

Your Sleep Disorders Center
1234 Any Street
Any City, MN 55555
555-123-4567

Office Hours: 8:00 a.m. – 4:30 p.m.



Accredited Member Center of the
American Academy of Sleep Medicine

Blank Template

Use this blank template to assist you when designing your personalized brochure.

