

2004 PERSONALIZED BROCHURES ORDER FORM—AASM CENTER MEMBERS

Questions? Contact Henry Kman at the AASM National Office at (708) 273-9317

Minimum order is 500 total brochures

(Please type)

Date _____

Ship to _____

Contact _____ Telephone _____ Fax _____

Bill to _____

Contact _____ Telephone _____ Fax _____

Name of Brochure	Order No.	Number Ordered (in lots of 100)	Unit Cost	Total Cost
Circadian Rhythms	0002PB		\$40.00	
Coping with Shift Work	0012PB		\$40.00	
Drowsy Driving	0023PB		\$40.00	
Insomnia	0003PB		\$40.00	
My Child Can't Sleep	0019PB		\$40.00	
My Child Snores	0020PB		\$40.00	
Narcolepsy	0001PB		\$40.00	
Obstructive Sleep Apnea and Snoring	0007PB		\$40.00	
Overnight Sleep Studies	0014PB		\$40.00	
Parasomnias	0009PB		\$40.00	
Positive Airway Pressure Therapy	0018PB		\$40.00	
Restless Legs Syndrome	0013PB		\$40.00	
Sleep and Depression	0016PB		\$40.00	
Sleep and Health	0021PB		\$40.00	
Sleep and Heart Disease	0026PB		\$40.00	
Sleep As We Grow Older	0006PB		\$40.00	
Sleep Hygiene	0004PB		\$40.00	
Sleep and Women	0017PB		\$40.00	
Sleepwalking and Other Childhood Parasomnias	0024PB		\$40.00	
Teenagers, Young Adults and Sleep	0025PB		\$40.00	
Treatment Options for OSA	0015PB		\$40.00	
Sleep Evaluation (Accredited Facility Brochure)	9008PB		\$40.00	

Color Imprint Option (additional single charge of \$30)

Choose one color: Red Green Blue Purple Teal \$30.00

Creation of Personalized Template \$50.00

Freight Shipment (Shipping cost from box at lower right)

TOTAL (minimum order is 500 brochures)

Method of Payment:	<input type="checkbox"/> Check enclosed # _____ <input type="checkbox"/> Hard copy of Purchase order (Purchase orders only accepted for \$500 or more).	<input type="checkbox"/> Credit Card	Card# _____ Exp Date _____ Cardholder Name (print) _____ Signature _____
		 	
			

<p>HAVE YOU ENCLOSED:</p> <input type="checkbox"/> Check, credit card information or purchase order hard copy <input type="checkbox"/> Camera ready copy: <input type="checkbox"/> on accompanying template, <input type="checkbox"/> or template on file at AASM office <input type="checkbox"/> Authorized signature

If your program is tax exempt in Illinois, please supply documentation of that status.
 Purchase orders must be written to reflect a delivery date of two months from the order date.

<p>For Office Use Only</p> <input type="checkbox"/> Verification _____ <input type="checkbox"/> Payment Processed _____ <input type="checkbox"/> Order Number _____ <input type="checkbox"/> Printer _____ <input type="checkbox"/> Ship Date _____ <input type="checkbox"/> File _____ <input type="checkbox"/> Order Processed _____

SHIPPING	
For U.S. UPS Ground Orders Only	
Number of Brochures	Add
500-900	\$20.00
1000-1400	\$32.00
1500-1900	\$43.00
2000-2400	\$54.00
2500-2900	\$64.00
3000 or more	Based on Cost
<input type="checkbox"/> Next Day	Based on Cost
<input type="checkbox"/> Second Day	Based on Cost

 Authorized signature

 Please Print authorized signature/title