



American Academy of Sleep Medicine

2010-2011 Membership Section Chair Interest Form

Contact Information:

Name: _____ **Member Number:** _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Primary Specialty:

- Pulmonology Neurology Psychiatry ENT
 Pediatrics Internal Med. Behavioral Research Other

Are you a Diplomate of the ABSM or certified in Sleep Medicine through the ABMS:

- Yes No

Membership Sections*

- Childhood Sleep Disorders and Development Section
 Circadian Rhythm Section
 Insomnia Section
 Movement Disorders Section
 Narcolepsy Section
 Parasomnia Section
 Sleep Deprivation Section
 Sleep Related Breathing Disorders Section

* Please note you can only serve as section chair for the section you have designated your primary section.

Have you previously served as a Membership Section Chair or AASM Committee Member?

- Yes No

If yes, which one(s)? _____ When? _____

All items are due to the national office by Friday, February 26, 2010

Please submit a **CV summary**, no longer than two pages, a **Conflict of Interest Disclosure Form** and a **Copyright Assignment Form** along with this completed Membership Sections Chair Interest Form to William Wallis via e-mail to wwallis@aasmnet.org, fax to (630) 737-9790 or mail to:

American Academy of Sleep Medicine
Attn: William Wallis
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Darien, IL 60561