



Personalized Patient Brochures Order Form

General information

Your personalized template will print on the back panel of every brochure in your order. There is a \$65 fee for creating or revising a personalized template. This fee is waived on orders of 2,500 or more brochures. **Personalized templates must adhere to the content and artwork guidelines that follow.**

Content guidelines

For **AASM Individual Members** the template may list their name and contact information only (sleep facility names, logos and maps may not be included). Individual members may not use the AASM logo. **AASM Accredited Member Facilities** may include their facility name, contact information, facility logo, map artwork and the AASM Accredited Member Facility logo (fully-accredited facilities only.) *Independent Sleep Practice Members that do not operate within an AASM Accredited Member Facility may only use the AASM Accredited Independent Sleep Practice Member logo.* No additional images are permitted. Staff physicians may be listed if they are AASM Individual Members. All information must be verified and approved by the AASM prior to order processing.

Artwork guidelines

Artwork must be submitted in high resolution (300 dpi or higher) or in vector format. If submitting vector artwork, all fonts must be outlined and all images must be

embedded. The following file formats are accepted: .tif, .eps, .psd, .ai, .pdf, and .jpg. All artwork will be scaled proportionally to fit the imprint area (max dimensions: width = 3.375 inches, height = 8 inches). Color artwork can be used. All color artwork will be converted to CMYK colorspace. Email all artwork to pborders@aasmnet.org and include your facility name and/or membership number in your email.

Minimum order requirements

Brochures are sold in packs. Each pack contains 50 brochures. There is a minimum order of 500 brochures. If paying with a purchase order, there is a minimum order of \$500.

How do I submit my order?

Email: pborders@aasmnet.org
Fax: 630-737-9790
Mail: American Academy of Sleep Medicine
2510 North Frontage Road
Darien, IL 60561

When will I receive my order?

Personalized brochures require approximately four weeks for delivery from the date of final personalized template approval. To ensure you receive your order in a timely fashion, be sure both pages of this form are completed, and all information meets the content and artwork guidelines. Failure to meet these guidelines or submitting an

Check only one

- I have an existing personalized template AND no changes are needed (please include a copy of your current personalized template and proceed to the next page)
- I am submitting a print-ready personalized template in accordance with the above content and artwork guidelines (please proceed to the next page)
- I have an existing personalized template that I would like to revise (please include a copy of your current personalized template and mark changes clearly or complete information below)
- I am creating a new personalized template (please complete information below)

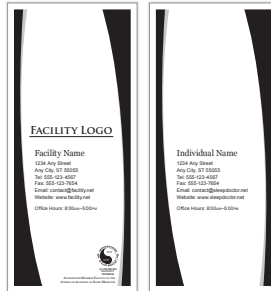
Personalized Template Style

Please check one, if no style is checked, style A will be used.

A



B



C



Personalized Template Information

Print neatly, include only the information you'd like printed on your brochures. Information must match information on file with the AASM.

Name (Facility or Individual) _____

Address _____ Phone Number _____

Address (line 2) _____ Fax Number _____

Address (line 3) _____ Email Address _____

Website _____ Hours _____

Additional Information (e.g., services or AASM member personnel) _____

Additional Information (line 2) _____

What artwork has been submitted with this order? Black & White Logo Black & White Map | Color Logo Color Map

Color Instructions (indicate the color to be used for your personalized template text and border) Red Green Blue Purple Teal

Other _____

This order form continues on the next page, incomplete forms will not be processed



Personalized Patient Brochures Order Form

Brochure Topic	Item#	Quantity in Packs (50 Brochures/Pack)	Personalization		Total
			No Color (Price/Pack)	Color (Price/Pack)	
Dangers of Drowsy Driving	0100P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Healthy Sleep in Children	0110P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Healthy Sleep in Teens	0120P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
How to Sleep Better	0130P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Non-PAP Treatment for Sleep Apnea	0140P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
PAP Treatment for Sleep Apnea	0150P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
PAP Treatment Tips	0160P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Restless Legs Syndrome	0170P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Sleep and Emotional Health	0180P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Sleep and Physical Health	0190P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Sleep as You Grow Older	0200P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Sleep in Women	0210P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Snoring and Sleep Apnea	0220P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Understanding Insomnia	0230P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Understanding Narcolepsy	0240P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Understanding Parasomnias	0250P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Your Home Sleep Apnea Test	0260P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Your In-Lab Sleep Study	0270P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Your Sleep Schedule	0280P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Coping with Shift Work	0290P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Obstructive Sleep Apnea and Surgery	0300P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Sleep and Heart Health	0310P		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$22.50	
Creation of personalized template or revisions (waived on orders of 2,500 or more brochures)					\$65.00

Member Information

Check One: AASM Accredited Member Facility or Independent Sleep Practice
 AASM Individual Member

Name (Facility or Individual) _____

Member # _____

Contact Information

Contact Name _____ Phone _____

Email _____

Shipping Information

Ship to _____

Address _____

City _____ State _____ Zip _____

Method of Payment

Check No. _____ PO No. _____

(U.S. Bank Only; made payable to the AASM) (\$500 minimum on all purchase orders. Attach hard copy of PO with order)

Card# _____

Exp. Date _____ Validation Code* _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

*For a Visa or Master Card, the validation code is the last 3 numbers in the signature box. For an American Express, the validation code is the 4 numbers above the credit card number.

SUBTOTAL ▶

IL State Residents add 8% sales tax ▶

MN State Residents add 6.875% sales tax ▶
If your program is tax exempt, provide documentation on that status

SHIPPING ▶

TOTAL ▶

If your purchase (subtotal) is over \$200, we will ship your items anywhere in the contiguous US* for free.	SHIPPING FOR US GROUND ORDERS ONLY						
	Products Ordered (# of Brochures)	IA, MN, WI	IL, IN, KS, MI, MO, ND, NE, SD	AR, KY, OH, OK, TN, WV	AL, CO, CT, DE, GA, LA, MA, MD, MS, MT, NC, NH, NJ, NM, NY, PA, RI, SC, TX, VA, VT, WY	AZ, CA, FL, ID, ME, NV, OR, UT, WA	
500-900	\$22	\$24	\$28	\$34	\$41		
1000-1400	\$37	\$42	\$47	\$59	\$68		
1500-1900	\$50	\$56	\$65	\$80	\$92		
2000-2400	\$63	\$70	\$80	\$100	\$115		
2500-2950	\$77	\$85	\$100	\$115	\$130		

*Free shipping excludes Alaska and Hawaii.
 3000 or more will be based on cost.
 All Alaska, Hawaii and Non-US orders will be based on cost.

Before you submit your order!

- Be sure both pages 1 and 2 of your Personalized Patient Brochures Order Form are completed and included.
- Double check all information for accuracy. You will receive a proof of your personalized template, but extensive revisions at the proof stage could incur additional production costs.
- If reordering or revising your existing template, include a copy of your current personalized template.
- Be sure all artwork is in accordance with the submission guidelines (see page 1).
- Include payment or a hard copy of the purchase order.