



Product Order Form

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Section 1: Shipping Information *(Please print clearly)*

Name: (Last) _____ (First) _____		Member Number: _____	
Address: _____			
City: _____	State: _____	Postal Code: _____	Country: _____
Phone: _____	Fax: _____	Email: _____	

Section 2: Order Information

= Product content is on a flash drive

REFERENCE MATERIALS	Item #	Qty.	Member Price	Nonmember Price	Total
Oral-Appliance Therapy in Obstructive Sleep Apnea-Hypopnea Syndrome <i>(A Clinical Study on Therapeutic Outcomes)</i>	4001		\$20.00	\$30.00	
Oral Appliance Therapy: A Patient Education DVD	4010		\$50.00	\$65.00	
BROCHURES	Item #	Qty.	Member Price	Nonmember Price	Total
Teen Drowsy Driving	1006		\$20.00	\$30.00	
Getting Help for Snoring and OSA	1007		\$35.00	\$45.00	
Getting Started with OAT	1008		\$35.00	\$45.00	
SLIDE SETS	Item #	Qty.	Member Price	Nonmember Price	Total
Dental Sleep Medicine Slide Set	2001		\$325.00	\$445.00	
Speaker's Toolkit – A Presentation to Sleep Physicians	2002		\$150.00	\$275.00	
Speaker's Toolkit – A Presentation to the Lay Public	2003		\$125.00	\$250.00	
PRACTICE MANAGEMENT	Item #	Qty.	Member Price	Nonmember Price	Total
Patient Awareness Poster, 18" x 24" (Vertical)	1110		\$25.00	\$40.00	
Daytime Sleepiness Poster, 24" x 18" (Horizontal)	1111		\$25.00	\$40.00	
Miss Your Energy? Poster 24" x 18" (Horizontal)	1112		\$25.00	\$40.00	
Patient Awareness Poster, 6 pack (8.5" x 11")	1120		\$25.00	\$40.00	
Daytime Sleepiness Poster, 6 pack (8.5" x 11")	1121		\$25.00	\$40.00	
Miss Your Energy? Poster, 6 pack (8.5" x 11")	1122		\$25.00	\$40.00	
Variety Pack, 6 Posters (8.5" x 11")	1150		\$25.00	\$40.00	
Policy & Procedures Manual for the Accreditation of Dental Sleep Medicine Facilities	3001		\$200.00	\$300.00	
DSM Facility Accreditation Certificate <i>(for accredited facilities only)</i>	5001		\$15.00	N/A	

<i>Return policy available at aadsm.org.</i>	Subtotal	\$
	Illinois residents add sales tax: 8.25%	\$
<i>Please estimate your shipping using the chart below. All Alaska, Hawaii and Non - U.S. orders, estimate \$25*.</i>	Shipping and Handling	\$
	Grand Total	\$

* Actual cost may vary depending on your order.

ESTIMATED SHIPPING FOR U.S. GROUND ORDERS ONLY.					
PRODUCTS ORDERED	IL, IN, MI, WI	IA, KY, MN, MO, OH, TN, WV	AL, AR, DE, GA, KS, MD, MS, NC, ND, NJ, NY, OK, PA, SC, SD, VA, VT	CO, CT, FL, LA, MA, ME, NH, RI, TX	AZ, CA, ID, MT, NM, NV, OR, UT, WA, WY
1-3 Items	\$13	\$13	\$13	\$13	\$14
4-6 Items	\$13	\$14	\$15	\$17	\$20
7-12 Items	\$18	\$19	\$22	\$27	\$33

Section 3: Billing Information *(Check one)*

<input type="checkbox"/> Check payable to the AADSM <i>(U.S. funds drawn on a U.S. bank)</i>	Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Card Number: _____	Exp. Date: _____	Validation Code**:	
Cardholder's Name: _____	Billing Postal Code: _____		
Signature: _____	Date: _____		

**For VISA, MasterCard or Discover the validation code is the last 3 numbers in the signature box. For American Express, the validation code is the 4 numbers above the credit card number.