



# Product OrderForm

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

\* Actual cost may vary depending on your order.

### ESTIMATED SHIPPING FOR U.S. GROUND ORDERS ONLY.

NO. OF PRODUCTS ORDERED	1-3 Items	4-6 Items	7-12 Items
COST	\$13	\$15	\$20

## Section 3: Billing Information *(Check one)*

<input type="radio"/> Check payable to the AADSM <i>(U.S. funds drawn on a U.S. bank)</i>	Credit card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> 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.