

Product Order Form

Contact Information

Last Name:	First Name:	City:	State/Prov:

Order Information

					Item#	Quantity	Member Price	Total \$
	Apparel							
Black	Black AADSM Scrubs (specify size) □ XS □ L □ XL □ XXL						\$25.00	
Tea	AADSM Scrubs	(specify size	e)	XL 🗆 XXL	PG04		\$25.00	
		Brochures						
Getting Help for Snoring and OSA (100 per package)					BR01		\$35.00	
	Getting Started with OAT (100 per package)						\$35.00	
		resentation						
Spea	ker's Toolkit – A	Presentatio	n to Sleep F	Physicians	SS01		\$300.00	
		Notebooks						
A	AADSM Notebooks (Select Color) □ Navy □ Teal						\$15.00	
		Guides						
	DSM Practice Guidebook						\$300.00	
	Guide for Patients: All About OAT				BK03		\$300.00	
	OAT Side Effects Guide				BK02		\$30.00	
		Posters						
18" x 24" Vertical Poster	□ Tired CPAP? (□ Do You Snore? (PO08)				\$30.00	
24" x 18" Horizontal Poster		□ Daytime Sleepiness (P001) □ Daytime □ Miss Yo		☐ Miss Your Energy? (PO02)			\$30.00	
8.5"x11" 6 Pack	□ Daytime Sleepiness (PO01)			□ Patient Awareness			\$30.00	
11" x 17" Folding Vertical Poster	-17	□ I Treat Snoring and Sleep Apnea (PO10)					\$25.00	
	8.5" x 11" Poster Variety Pack (4 Designs, 2 of Each): Tired of CPAP?, Do You Snore?, Daytime Sleepiness, Miss Your Energy?						\$30.00	
2010	, , , , , , , , , , , , , , , , , , ,	Postcards	.55) 141155 164	ar Erici Sy .				
Customizable Patient Referral Postcards □ 50 – \$60.00 □ 100 – \$100.00 □ 250 – \$150.00		□ I Treat Snoring and Sleep Apnea Postcard (PC04)				See each product		
Return policy is ava	ilable at aadsm.	org. U.S. gr	ound shippi	ng based on total numb	per of items orde	red.	Subtotal:	\$
						Ship	ping & Handling:	\$

							Tax (7%):	\$		
						(GRAND TOTAL:	\$		
	Shipping for U.S. Gr	ound Orders			Shinning	for Internationa	l Orders (Including Ca	nada)		
# of items	1-3	4-6	7-12		# of items	1-3	4-6	7-9		
Cost	\$15	\$18	\$25		Cost	\$45	\$54	\$75		
Method of I	-	aster(ard	□ America	n Fynro	ss □ Discov	vor.				
□ Cash						CI				
□ Check payal	ole to the AAD	SM (U.S. fur	nds drawn o	n a U.S.	bank)					
Last 4 digits of credit card number:				Bill	Billing Zip Code:					
Expiration date:			Sec	Security code number:						
For Staff Use	e:									
□ Received all items □ Ship all items										
□ Only ship	Items (list p	roduct nur	nbers):							
Shipping Inf	formation (i	f applicabl	e):							
Address:										
City:		Sta	ate/Prov:			Postal Code:				
Country:										
Phone:		Fa	Fax:			Email:				
	Fax form t	to: (630) 686-987	76. AADSM Offic	e: 901 Wa	arrenville Road Suit	e 180, Lisle, IL	60532			