



American Academy of Sleep Medicine: ISR  
2510 North Frontage Road | Darien, IL 60561  
Email: isr@aasmnet.org | Phone: 630-737-9765

**Facility Name:**  
**Facility Accreditation Number:**  
**Facility Status:**  
**Invoice Date:**

**Unlimited Annual Subscription**

*Facilities with five or more scorers save big!* Unlimited 365-day access to Inter-scorer Reliability system for all scorers registered with your center.

**Credit Bundles**

*Ideal for sleep facilities with fewer than five scorers on staff!* A credit will be debited from your account each time a user registered with your facility begins an exam.

<b>Pricing per Facility Status</b>	<b>Annual Subscription <i>Unlimited</i></b>	<b>Pay Per Credit <i>Bundles of 12 Credits</i></b>
Accredited Member Facility	\$1,100	\$270 (\$22.50/credit)
Accredited Nonmember Facility or Facility Pending Accreditation	\$1,500	\$405 (\$33.75/credit)
Non-Accredited Facility	\$2,200	\$540 (\$45/credit)

**Facility Contact Information**

Administrator Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	

**Payment Due** *Payment is based on the Facility's status and plan (annual subscription v. pay per credits)*

<input type="radio"/> Unlimited Annual Subscription	
<input type="radio"/> Pay Per Credit Bundle(s) <small>Each bundle contains a total of 12 credits. Pricing per bundle is based on your Facility Status</small>	Bundle(s): ___ x \$ _____
<b>Amount Due: \$</b>	

**Payment Options** *Please check one box below. Purchase orders are not accepted.*

<input type="radio"/> Check payable to the AASM: (U.S. funds drawn on a U.S. bank)	Credit Card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express	
Total: \$	Card Number:	Exp. Date:
Validation Code*:	Billing Address:	
Cardholder's Name:		
<input type="radio"/> I certify the above payment information is correct and accept the charge to the credit card.		
<small>*For a VISA or MasterCard, the validation code is the last 3 numbers in the signature box on the back of the card. For American Express, the validation code is the 4 numbers above the credit card number on the front of the card.</small>		

**Send Completed ISR Invoice with Payment to:**

American Academy of Sleep Medicine, Attn: ISR  
2510 North Frontage Road, Darien, IL 60561 • Fax: 630-737-9790