

# SLEEP IP ADDRESS REQUEST FORM

This form should be used by *SLEEP* institutional subscribers to register IP addresses for online access to *SLEEP*. It should only be completed by an authorized staff member of the subscriber institution qualified to provide IP addresses. By submitting this form, you agree to comply with the policies listed in the *SLEEP* License Agreement. To view this agreement, visit the *SLEEP* Web site at [www.journalsleep.org](http://www.journalsleep.org).

Academic institutions and medical facilities receive online access via IP address and ranges located at their primary location. All other institutions (including pharmaceutical and manufacturing companies) receive IP access at up to five work stations only (IP access for additional work stations may be added for a fee; contact the APSS for pricing).

Provide the name and address of the institution covered by the license (must match the address where the print journals are delivered).

Subscription Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Academic and medical institutions' network addresses may be provided as a list or as a range of addresses. If additional room is required for more IP addresses/ranges, supplementary IP Address Request Forms may be submitted. All other institutions may provide up to five static IP addresses (of more than five are submitted for one of these institutions, only the first five will be accepted).

## IP Address Ranges

	.		.		.		.		through		.		.		.		.	
	.		.		.		.		through		.		.		.		.	
	.		.		.		.		through		.		.		.		.	
	.		.		.		.		through		.		.		.		.	
	.		.		.		.		through		.		.		.		.	
	.		.		.		.		through		.		.		.		.	
	.		.		.		.		through		.		.		.		.	
	.		.		.		.		through		.		.		.		.	

## Static IP Addresses

	.		.		.		.	
	.		.		.		.	
	.		.		.		.	
	.		.		.		.	
	.		.		.		.	
	.		.		.		.	
	.		.		.		.	
	.		.		.		.	

### TO ACTIVATE YOUR ONLINE ACCESS:

**Fax** this completed form to (630) 737-9790

**Mail** this completed form to

Associated Professional Sleep Societies (APSS)  
2510 North Frontage Road  
Darien, IL 60561

**Questions?** Call the APSS National Office at 630-737-9700 or e-mail [subscriptions@aasmnet.org](mailto:subscriptions@aasmnet.org)