

# SLEEP

## 2012 WORD CLASSIFIED FORM

**Official Publication of the Associated Professional Sleep Societies, LLC**  
**2510 North Frontage Road**  
**Darien, IL 60561-1511**  
**Phone: (630) 737-9700 Fax: (630) 737-9790**

**Instructions for placing a classified advertisement:**

- I. Reserve space by completing and submitting this form on or before the ad space closing deadline.
- II. Email Ads To: advertising@aasmnet.org
- III. Word classified advertisements must be submitted by the ad materials deadline.
- IV. All orders must be prepaid. **Agency Discounts do not apply to Classified Ads.**
- V. Cancellation Policy: Advertisements cancelled after the ad space closing deadline will incur a \$50 cancellation fee.

Advertiser \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_ E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PUBLICATION SCHEDULE FOR 2012**

<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PAYMENT**

**RATE:** First 60 words - \$150, \$1.25 for each word after 60. A word consists of one or more letters/numbers with a space on each side. For Example: May 9, 2011 (three words)

**TOTAL WORDS:** \_\_\_\_\_ **TOTAL COST:** \_\_\_\_\_

.....Check or Money Order Enclosed (Must be in US dollars, and must be drawn on a US bank.)

.....Visa      .....Mastercard      .....American Express

Card Number \_\_\_\_\_ V-Code \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Signature: \_\_\_\_\_

FOR OFFICE USE ONLY

Batch # \_\_\_\_\_ Check # \_\_\_\_\_ Paid By \_\_\_\_\_

Amount \$ \_\_\_\_\_ AP \_\_\_\_\_