

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.

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 (708) 492-0943

Mail this completed form to

Associated Professional Sleep Studies (APSS)
One Westbrook Corporate Center, Suite 920
Westchester, IL 60154

Questions? Call the APSS National Office at 708-492-0930 or e-mail subscriptions@aasmnet.org