



Toll Free: 800.338.0757

Local: 205.985.0435

Fax: 205.985.9110

Website: www.alsleep.com

Email: info@alsleep.com

2009 Course Registration Form

Please select the course(s) you are registering for. Class dates can be found on our website. You **MUST** call our office to confirm course availability before submitting payment!

Ten-Day Course: C103 Date: _____

CPAP Course: C104 Date: _____

Scoring Course: C204 Date: _____

Exam Review: C203 Date: _____

Web-Based Classes (for example, CWB-1):

Class: _____

Our selection of Web-Based Classes can be found at www.alsleep.com.

STUDENT INFORMATION

Name: _____

Mailing Address: _____

City: _____

State/Province: _____

Postal/Zip Code: _____

Country: _____

Home Telephone #: _____

Work Telephone #: _____

Email Address: _____

PAYMENT INFORMATION

Check here if a **CHECK** or **MONEY ORDER** for the *deposit fee only* is included with this registration form.

Check here if a **CHECK** or **MONEY ORDER** for the *full tuition cost* is included with this registration form.

Check here if you wish to pay with a **CREDIT CARD** (Visa, Mastercard, or Discover). Please call ASSMT at 1.800.338.0757 to submit your credit card information.

****Checks and money orders made payable to: Alabama School of Sleep Medicine and Technology (ASSMT)**

Payment and Deposit Policy

All deposits are required at the time of registration. The cost of these deposits are \$500.00 where total tuition cost is greater than \$1,000.00 and \$300.00 where total tuition cost is less than \$1,000.00. Any remaining balance is due at least two weeks before the first day of class. A detailed billing policy can be found on our website. Registration can be mailed to the address at the top of this form. For questions or concerns, please contact ASSMT at toll-free 1.800.338.0757.