

JCSM IP ADDRESS REQUEST FORM

This form should be used by JCSM institutional subscribers to register IP addresses for online access to the JCSM. 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 JCSM License Agreement. To view this agreement, visit the JCSM Web site at www.aasmnet.org/jcsm.

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 AASM for pricing).

Provide the name and address of the institution covered by the license.

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 (if 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
 American Academy of Sleep Medicine (AASM)
 2510 North Frontage Road
 Darien, IL 60561

Questions? Call the Call the AASM National Office at 630-737-9700 or e-mail subscriptions@aasmnet.org