

How did you hear about our program? _____

Are you currently seeking employment in the field of sleep medicine? _____

If applicable, what is the name of the current sleep disorders center you are employed by?

Please Note:

To reserve a space for ASTEP enrollment, a 10% deposit is due upon initial registration with the balance due prior to the start of the ASTEP session. The 10% enrollment deposit is non-refundable and Sleepcare Diagnostics Inc., reserves the right to terminate enrollment should the balance not be paid in full prior to the start of the ASTEP session. All cancellations must be made at a minimum of 5 business days prior to the start of the ASTEP session. Cancellation made within 5 business days of the start of the ASTEP session will result in 100% loss of tuition.

Method of payment

____ Cash ____ Check (Check number ____)

____ Credit card Type _____

Number _____

Expiration date ____/____

Security code _____

Mail to: Sleepcare Diagnostics, attn:ASTEP Program/Jason Smith
4780 Socialville-Fosters Rd
Mason, OH 45040

****Please check your local state regulations regarding the profession of Polysomnography. Various states mandate polysomnography credentialing or have set limitations to applications a polysomnographic technologist may perform**