

Name of College/University	Location (City/State)	Dates Attended	Degree(s) Earned

Highest Degree Completed _____

Date of class attending _____

Method of payment

___ Cash ___ Check (Check number ___)

___ Credit card Type _____

Number _____

Expiration date ___/___

Security code _____

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