

Name of Institution: _____ Faculty Advisor: _____

Choose Sleep Interest Group President: _____

Number of current members: _____ Number of meetings held over the past year _____

For each event, please list approximate number of attendees:

Type of Event	Month Held	Number of Attendees	Medical Student	Resident	Faculty

Please list other types of activities sponsored by the chapter:

Please attach a Choose Sleep Interest Group roster to this report, or list members below:

Did the Choose Sleep Interest Group participate in community service and/or college outreach this year?

Please take a moment to share your interactions with the American Academy of Sleep Medicine (AASM); is there anything additionally we can do to support your chapter?

Did anyone from your Choose Sleep Interest Group enter a sleep medicine fellowship program?

By signing below you verify that all the information provided is accurate.

Signed: _____ **President:** _____ **Date:** _____

Signed: _____ **Faculty Advisor:** _____ **Date:** _____

Please submit form to:

Attn: AASM Choose Sleep
2510 North Frontage Road Darien, IL 60561
Phone: (630) 737-9770
Fax: (630) 737-9789 | Email: choosesleep@aasm.org

EOY Report must be submitted by August 31st for the previous academic year.