



ProSomnus® University

Dental Sleep Medicine Scholarship Enrollment Form

Enrollment in ProSomnus University provides the dentist the following scholarship payment options:

Option I
\$800 Scholarship

- Dentist agrees to submit at least five ProSomnus main sleep device cases within a **3 month period of enrollment.**

Option II
\$1,600 Scholarship

- Dentist agrees to submit at least ten ProSomnus main sleep device cases within a **6 month period of enrollment.**

TERMS AND CONDITIONS Cannot be combined with other ProSomnus promotions, pricing discounts or coupons. Additional terms and conditions apply. Contact ProSomnus Sleep Technologies for details.

_____ **Initials of Doctor**

Introducing ProSomnus® Sleep Technologies Scholarships

ProSomnus believes in the education and investment in our customers' Dental Sleep Medicine journey. We realize the vital role you can play in providing comprehensive care for patient treatment. ProSomnus University allows dentists to attend DSM courses, on us! During your initial journey and learning the fundamentals of DSM, you'll need a Medical Device manufacturer you can trust to provide a precision oral appliance for your patients and help earn the trust of your referring sleep physicians.

ProSomnus Sleep & Snore Devices are FDA cleared, Class II Medical devices. They are the first precision Oral Appliance Therapy devices designed to enhance compliance, mitigate side effects and enable dentists to achieve excellent patient experiences and outcomes. ProSomnus devices are designed to meet the AADSM (American Academy of Dental Sleep Medicine) Effective OAT definition and provide customized treatment options for your patients.

Customer ID: _____ **Date:** _____

Doctor First Name: _____ **Doctor Last Name:** _____

Practice Name (if applicable): _____

Office Address 1: _____

Office Address 2: _____

City: _____ **State/Province:** _____

Country: _____ **Phone:** _____

Email: _____

CE Provider: _____

CE Course Name(s): _____

CE Course Date(s): _____

CE Course Instructor(s)/Speaker(s): _____

CE Course Credits: _____ **CE Course Amount: \$** _____

ProSomnus amount paid to CE Provider: \$ _____

Contact ProSomnus Sleep Technologies at 844 537 5337 for more information. Please email completed forms to HWhalen@ProSomnus.com.

