

# Network registration form

English

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## Organisation details

Organisation name

Organisation type (Select one):    HCP    Integrated HCP and sleep lab    Sleep lab    Practice    Hospital

Subscription type\*    Compliance    Premium    (\*does not apply to Sleep lab and Practice. For users in France only.)

Organisation location (Country)    ResMed account No. (if applicable) Optional

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## Primary location (organisation headquarters)

Address (line 1)    Location    Address (line 2) Optional

City    Province    Post code    Country

Primary phone number    Fax number Optional

3

## Primary contact (for accounts, billing and other administrative functions)

Title (eg, Mr, Mrs, Miss, Ms, Dr, Prof) Opt.    First name    Last name

Primary contact email

Primary contact phone    Fax number Optional

Address is the same as the "Primary location" in step 2 above.

Address (line 1)    Address (line 2) Optional

City    Province    Post code    Country

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## AirView—First user (will receive welcome email and be responsible for creating additional users in the system)

Title, first name and last name are the same as the "Primary Contact" in step 3 above

Title (eg, Mr, Mrs, Miss, Ms, Dr, Prof) Opt.    First name    Last name

Email address    Same as primary contact

Preferred user name    Use email address as user name

Automatically reset password every:    1 month    3 months (recommended)    6 months    12 months    Never

**Password reset: For best practices in security, ResMed recommends a 3 month password reset.**

## Submitting your form

airview@resmed.eu

Return the completed form as an email attachment by clicking on the email icon and following the prompts.