



Network registration form

English

1

Organization details

Organization name

Organization type (select one): HME Integrated HME and sleep lab Sleep lab Practice

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

2

Primary location (organization headquarters)

Address (line 1)

Address (line 2) Optional

City

State

ZIP 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

State

ZIP code

Country

4

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.com

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

Click on the printer icon to print the form and then fax it to **858-836-5534**.