



Industry Relations Council (IRC) Tiers and Value of Participation

The Industry Relations Council (IRC) provides a useful framework for the Academy and Industry to expand dialogue on emerging issues of shared concern. AAPM&R receives high praise from participants for the IRC program and the opportunities it affords throughout the year, including, but not limited to, the ability to meet with Academy leadership at least 2 times per year and have the opportunity to explore new, compliant opportunities. (See other values below.) This is the perfect avenue to begin and further develop compliant relationships with AAPM&R and PM&R physicians.

		TIER 1 \$75,000	TIER 2 \$52,500	TIER 3 \$27,500	TIER 4 \$15,000
TIER 1 ONLY	▶ Number of full conference registrations at the Annual Assembly	2	N/A	N/A	N/A
	▶ Number of complimentary exhibit hall badges at the Annual Assembly	5	N/A	N/A	N/A
NEW!	▶ Ability to host a social event included in AAPM&R agenda on Wednesday or Saturday evening. (Tiers 1 and 2 only)	✓	✓	N/A	N/A
	▶ Number of priority points earned	5	3	2	1
	▶ Number of invitation(s) to full-day Annual IRC Meeting, (July 19, 2024; Rosemont, IL)	4	3	2	1
	▶ Number of invitation(s) to the IRC Breakfast at the Annual Assembly	4	3	2	1
	▶ Number of complimentary tickets to the PM&R Party at the Annual Assembly	3	2	2	1
	▶ Number of subscriptions to <i>PM&R</i> , AAPM&R's scientific journal	4	3	2	1
	▶ Number of subscriptions to <i>The Physiatrist</i> , AAPM&R's newsletter	4	3	2	1
	▶ Access to 4 mailing list rentals (USPS). AAPM&R must approve the mailing piece prior to use.	✓	✓	✓	N/A
	▶ Recognition at the Annual Assembly	✓	✓	✓	✓
ALL TIERS	▶ Special signage for participants' exhibit booths (if exhibiting) at the Annual Assembly	✓	✓	✓	✓
	▶ Recognition on AAPM&R website during entire year of participation	✓	✓	✓	✓
	▶ Recognition on AAPM&R's social media channels	✓	✓	✓	✓
	▶ Use of IRC Participant logo	✓	✓	✓	✓

AAPM&R is seeking to have larger discussions with industry regarding year-round collaboration. In most cases, the IRC values and fees may be rolled into the larger discussion and package. Please call (847) 737-6048 or email corporatesupport@aapmr.org to start the discussion and elevate your relationship with AAPM&R!

AAPM&R Industry Relations Council Application

Please select your desired tier and complete the information below for that respective tier only:

Tier 1 \$75,000 **Tier 2** \$52,500 **Tier 3** \$27,500 **Tier 4** \$15,000

COMPANY INFORMATION

COMPANY _____ (Please list name as it should appear in print and on line)

ADDRESS _____

CITY _____

STATE _____

ZIP _____

MAIN PHONE _____

WEBSITE _____

Please describe the product or service relevant to PM&R:

Please describe anything in your company's pipeline that may contribute to PM&R:

MAIN CONTACT INFORMATION

NAME _____

COMPANY/AGENCY _____

EMAIL _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

OFFICE PHONE _____

MOBILE _____

FAX _____

AAPM&R Industry Relations Council Application (continued)

SECONDARY CONTACT INFORMATION

NAME COMPANY/AGENCY EMAIL

ADDRESS

CITY STATE ZIP

OFFICE PHONE MOBILE FAX

BILLING CONTACT OR SAME AS:

Main Contact **Secondary Contact** **New Contact** (Fill out information below)

NAME COMPANY/AGENCY EMAIL

ADDRESS

CITY STATE ZIP

OFFICE PHONE MOBILE FAX

BILLING INFORMATION

Submit invoice to: _____

Submit grant request online. Grant submission Web address: _____

Submit Letter of Request

Other, please specify: _____

AAPM&R Industry Relations Council Application (continued)

Subscriptions to the Academy scientific journal, *PM&R*

TIER 1: Complete 4 subscriptions **TIER 2:** Complete 3 subscriptions **TIER 3:** Complete 2 subscriptions **TIER 4:** Complete 1 subscription

SUBSCRIBER 1 or check here if same as : **Main Contact** **Secondary Contact**

NAME _____ COMPANY/AGENCY _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ MOBILE _____ FAX _____

SUBSCRIBER 2 or check here if same as : **Main Contact** **Secondary Contact**

NAME _____ COMPANY/AGENCY _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ MOBILE _____ FAX _____

SUBSCRIBER 3 or check here if same as : **Main Contact** **Secondary Contact**

NAME _____ COMPANY/AGENCY _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ MOBILE _____ FAX _____

SUBSCRIBER 4 or check here if same as : **Main Contact** **Secondary Contact**

NAME _____ COMPANY/AGENCY _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ MOBILE _____ FAX _____

Subscriptions to the newsletter, *The Physiatrist*

TIER 1: Complete 4 subscriptions **TIER 2:** Complete 3 subscriptions **TIER 3:** Complete 2 subscriptions **TIER 4:** Complete 1 subscription

SUBSCRIBER 1 or check here if same as : **Main Contact** **Secondary Contact** **Same as info provided for PM&R subscription**

NAME COMPANY/AGENCY EMAIL

ADDRESS

CITY STATE ZIP

OFFICE PHONE MOBILE FAX

SUBSCRIBER 2 or check here if same as : **Main Contact** **Secondary Contact** **Same as info provided for PM&R subscription**

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AAPM&R Industry Relations Council Application *(continued)*

PLEASE LIST THE NATIONAL MEETINGS YOU WILL BE ATTENDING THIS YEAR:

COMMENTS

If you have any questions, please contact Sharon Popielewski at
(847) 737-6048 or by email at **corporatesupport@aapmr.org**.