AAPM&R Institution Partners Council

Support the specialty as AAPM&R leads the advancement of physiatry's impact throughout health care. Join this program and receive maximum, year-round exposure among your peers and other institutions. Participants also receive significant exposure at AAPM&R's Annual Assembly. To take advantage of one of these great values, complete the attached registration form.

### Value of Participation

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000 (Value: $18,000+)</td>
<td>$3,500 (Value: $14,000+)</td>
<td>$2,500 (Value: $10,000+)</td>
</tr>
</tbody>
</table>

- Use of IPC Participant logo
- Recognition via AAPM&R social media channels
- Recognition on AAPM&R website year round by level of program participation
- Recognition on signage at the Annual Assembly by level of program participation
- Recognition in an issue of *The Physiatrist*
- Prime placement at the Residency Fair** with special signage
- Share your organization’s press release through AAPM&R’s community or AAPM&R social media repost
- Verbal recognition from podium at Annual Assembly
- 1, 8’ x 10’ booth at AAPM&R Job and Fellowship Fair** in IPC designated area*
- Complimentary advertisement on Job and Fellowship Board
- Discounts on Annual Assembly Registration (excludes Skills Labs)
- Number of priority points earned for Annual Assembly exhibitor selection***

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 press releases/ 2 social media posts</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>1, 60-day ad and featured job posting</td>
<td>1, 30-day ad</td>
<td>N/A</td>
</tr>
<tr>
<td>1 complimentary AA registration and 20% off up to 3 AA registrations</td>
<td>10% off up to 3 AA registrations</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

*Values must be used within the calendar year of participation. No credits are provided for unused values. Values are subject to change.

**Separate application required. First-come, first-served, space may be limited. Deadlines apply. Discounts may not be combined with other offers.

***This is applicable to organizations that exhibit in the Technical Exhibition.

*Space is first come, first-served.

### BEST VALUE!

**NEW!**

It’s time to be PM&R BOLD. There are many ways to participate on the team. Learn more at BOLD.aapmr.org.

For more information, contact Sharon Popielewski at: spopielewski@aapmr.org, or phone (847) 737-6048.

See back to complete registration and payment information.
Yes, register our institution for the AAPM&R Institution Partners Council so we can help impact AAPM&R’s vision and immediately start receiving year-round exposure and benefits.

We would like to participate at the following level:

- **Tier 1** $5,000
- **Tier 2** $3,500
- **Tier 3** $2,500

**Today’s Date:** ________________

Institution Name: ____________________________________________________________

(Please list name as it should appear in print and online)

Institution Address: __________________________________________________________

CITY       STATE     ZIP

**PRIMARY CONTACT**

Name/Designation: ____________________________________________________________

Title: __________________________

Email: __________________________

Phone: __________________________

**SECONDARY CONTACT**

Name/Designation: ____________________________________________________________

Title: __________________________

Email: __________________________

Phone: __________________________

**METHOD OF PAYMENT**

Payment must be made in U.S. dollars and accompany this form.

.INVOICE ME ☐

Enclosed is check # __________. Checks must be in U.S. funds and made payable to AAPM&R.

Charge to the following:

- ☐ VISA
- ☐ MasterCard
- ☐ DISCOVER
- ☐ AMEX

Card No. __________

Expiration Date __________ / __________

By signing below, I accept the charges I have indicated on this form. I understand that fees are billed annually.

______________________________

NAME (please print name as it appears on card)

______________________________

SIGNATURE (required for credit card payment)

**PAYMENT INFORMATION**

To submit your sponsorship registration form and payment:

**SECURE FAX:** Fax all pages of this form to:

(847) 563-4191

**MAIL:** Mail this form and payment to:

AAPM&R
P.O. Box 95528
Chicago, IL 60694-5528

Fees are due for the full calendar year regardless of join date.

Payment in full must be received by AAPM&R within 30 days of accepting this form.

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