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.

<table>
<thead>
<tr>
<th>Value of Participation</th>
<th>TIER 1 $4,500 (Value: $18,000+)</th>
<th>TIER 2 $2,700 (Value: $14,000+)</th>
<th>TIER 3 $1,250 (Value: $10,000+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of IPC Participant logo</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Recognition via AAPM&amp;R social media channels</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Recognition on AAPM&amp;R website year round by level of program participation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Recognition on signage at the Annual Assembly by level of program participation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Recognition in an issue of The Physiatrist</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prime placement at the Residency Fair** with special signage</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Share your organization’s press release through AAMP&amp;R’s community</td>
<td>2 press releases</td>
<td>1 press release</td>
<td>0 press releases</td>
</tr>
<tr>
<td>Verbal recognition from podium at Annual Assembly</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>1, 8’ x 10’ booth at AAPM&amp;R Job and Fellowship Fair** in IPC designated area*</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Complimentary advertisement on Job and Fellowship Board</td>
<td>1, 60-day ad and featured job posting</td>
<td>1, 60-day ad</td>
<td>N/A</td>
</tr>
<tr>
<td>Discounts on Annual Assembly Registration (excludes Skills Labs)</td>
<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>Number of priority points earned for Annual Assembly exhibitor selection***</td>
<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.

“The Institutional Partners Council (IPC) is an important way for Spaulding to align with and support the mission of AAPM&R. It is a great way to stay connected to the organization that supports our PM&R physicians. The value alone of the membership benefits make this a worthwhile investment for Spaulding.”

— Julie A. Voegelin
Sr. Director of Marketing, Spaulding Rehabilitation Network

For more information, contact Sharon Popielewski at: spopielewski@aapmr.org, or phone (847) 737-6048.
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**: $4,500
- **Tier 2**: $2,700
- **Tier 3**: $1,250

**Today’s Date: ________________________**

**Institution Name:**
(Please list name as it should appear in print and online)

**Institution Address:**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

**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 __/__/____

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

**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.

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)