



## AAPM&R Institution Partners Council

Program for all Rehabilitation Institutions and Departments

**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	TIER 1 \$4,500 (Value: \$18,000+)	TIER 2 \$2,700 (Value: \$14,000+)	TIER 3 \$1,250 (Value: \$10,000+)
▶ 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 <i>The Physiatrist</i>	✓	✓	✓
▶ Prime placement at the Residency Fair** with special signage	✓	✓	✓
▶ Share your organization’s press release through AAPM&R’s community	2 press releases	1 press release	0 press releases
▶ Verbal recognition from podium at Annual Assembly	✓	N/A	N/A
▶ 1, 8' x 10' booth at AAPM&R Job and Fellowship Fair** in IPC designated area*	✓	N/A	N/A
▶ Complimentary advertisement on Job and Fellowship Board	1, 60-day ad and featured job posting	1, 60-day ad	N/A
▶ Discounts on Annual Assembly Registration (excludes Skills Labs)	1 complimentary AA registration and 20% off up to 3 AA registrations	10% off up to 3 AA registrations	N/A
▶ Number of priority points earned for Annual Assembly exhibitor selection***	4	3	0

\*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 VALUE OF THE IPC  
FAR OUTWEIGHS THE FEE!**

*“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](mailto:spopielewski@aapmr.org), or phone (847) 737-6048.

**See back to complete registration and payment information.**

# AAPM&R Institution Partners Council Form

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: \_\_\_\_\_

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.

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Expiration Date    

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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.



American Academy of Physical Medicine and Rehabilitation

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