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

<table>
<thead>
<tr>
<th></th>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</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>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>Ability to include content (1 short video and 1 pdf) in own section on AAPM&amp;R’s new Sponsored Content Learning Portal (Learning Management System) for 3 months.</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, 30-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.

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For more information, contact Ashley Piper at: corporatesupport@aapmr.org, or phone (847) 737-6078.

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: ___________________________________________

<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. ___________________________

Expiry 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.