

REGISTRATION FORM

October 22-25, 2025
Salt Palace Convention Center
Salt Lake City, UT

#aapmr25

SALT LAKE CITY, UT & VIRTUAL
OCTOBER 22-25, 2025

ATTENDEE REGISTRATION

For more information, visit www.aapmr.org/2025.

I understand that by completing and submitting this registration form, I am entering into a legal agreement, which binds me to the terms of this agreement. I READ this registration form, including AAPM&R's cancellation and refund policies incorporated herein, and understand its terms.

AAPM&R MEMBER ID#			NPI# (NATIONAL PROVIDER IDENTIFIER)	
FIRST NAME/GIVEN NAME	M.I.	LAST NAME/SURNAME	DEGREES	
BADGE NAME		INSTITUTION OR COMPANY		
MAILING ADDRESS				
CITY	STATE/PROVINCE		ZIP CODE	COUNTRY
PHONE (INCLUDE AREA CODE)	EXTENSION	MOBILE PHONE (INCLUDE AREA CODE)	EMAIL ADDRESS	

NON-ATTENDEE GUEST REGISTRATION

See Registration Fee information on page 2 of this form.

FIRST NAME/GIVEN NAME	M.I.	LAST NAME/SURNAME
CITY	STATE/PROVINCE	COUNTRY



CHECK IF YOU OR YOUR GUEST REQUIRE SPECIAL ASSISTANCE.
AAPM&R WILL CONTACT YOU TO DISCUSS YOUR SPECIFIC NEEDS.



CHECK IF YOU OR YOUR GUEST HAVE SPECIAL DIETARY NEEDS.
AAPM&R WILL CONTACT YOU TO DISCUSS YOUR SPECIFIC NEEDS.

In case of an emergency onsite, contact: (REQUIRED FROM ALL ATTENDEES. PLEASE PRINT CLEARLY.)

NAME:	RELATION:
PHONE:	ALTERNATE PHONE:

* ALL FIELDS ARE REQUIRED TO BE COMPLETED.

METHOD OF PAYMENT

REGISTRATIONS WILL NOT BE PROCESSED OR CONFIRMED WITHOUT PAYMENT MADE IN FULL.
PAYMENT MUST BE MADE IN U.S. DOLLARS AND ACCOMPANY THIS REGISTRATION FORM.

ENCLOSED IS CHECK # CHECKS MUST BE IN U.S. FUNDS AND MADE PAYABLE TO AAPM&R.
CHARGE TO THE FOLLOWING: Visa MasterCard Discover American Express
CARD NUMBER

EXPIRATION DATE

/

By signing below, I accept the charges I have indicated on this form. I have read and fully understand the cancellation and refund policies incorporated into this registration form.

NAME (PLEASE PRINT NAME AS IT APPEARS ON CARD)

SIGNATURE (REQUIRED FOR CREDIT CARD PAYMENT)

PAYMENT INFORMATION

SUBMIT YOUR REGISTRATION AND PAYMENT

FAX ALL PAGES OF THIS FORM TO: (847) 563-4191

Fax your registration to (847) 563-4191 and then call AAPM&R's Customer Service team at (847) 737-6000 from 8:30 am-5 pm (CT) to pay over the phone with a credit card.

MAIL THIS FORM AND PAYMENT TO:

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

NOTE: Mail sent to the P.O. Box can take up to 2 weeks to process.

Registration form must be postmarked or faxed to the Academy by **September 24, 2025**. After this date, you may register online at www.aapmr.org/2025 or onsite.

EU and UK Residents can learn more about the personal data we process, our purposes for processing their personal data, and their data privacy rights by viewing our **Privacy Notice** for EU/UK residents, a copy of which is at the following URL: <http://www.aapmr.org/privacy-policy/privacy-policy-eu-uk>. Non-EU/UK residents can learn more about how we process their personal data at the following URL: <http://www.aapmr.org/privacy-policy>

REGISTRATION FEES AND DEADLINES

All cancellations for the Annual Assembly and preconference courses must be submitted in writing via email to registration@aapmr.org or via mail postmarked by September 24, 2025, to the address below. Cancellations submitted before September 24 will receive a refund of all fees paid, minus a \$150 processing fee and processed 7-14 days after notification is received. **Cancellations submitted after September 24 or over the phone will not be accepted.**

Full Registration for In-Person and Virtual Only categories include the following events. Please visit aapmr.org/2025 for complete details:

	IN-PERSON + VIRTUAL	VIRTUAL ONLY
Annual Assembly	<ul style="list-style-type: none">All Plenary and Symposia sessionsAdvanced Clinical Focus DaysJob and Fellowship FairAccess to the Exhibit Hall (Research Hub, Learning Center, Career Corner)Skills Labs (additional fees apply)PM&R Party: A Spooktacular Fall Festival (additional fees apply)PHiT FestAttendee lunches	<ul style="list-style-type: none">All Plenary Sessions36 Live-streamed SymposiaResearch Hub with Poster Wall including pre-recorded presentations
AA Rewind (Post-Assembly)	All recorded educational sessions (100+ CME)	All recorded educational sessions (100+ CME)

MEMBER FEES	Early-Bird Registration Now Through August 20	Standard/Onsite Registration August 21 - Onsite	FEES
Physiatrist (Fellow/Part-Time Fellow, Associate, International)	\$895	\$1,195	\$
Early-Career (Practice and Fellowship Pathways)	\$570	\$670	\$
Resident	\$470	\$570	\$
Advanced Practice Provider	\$720	\$920	\$
Academic Researcher	\$895	\$1,195	\$
Medical Student (Full Conference)	\$275	\$375	\$
Senior Member/Past President	FREE	FREE	Complimentary
Member Fees Total			\$

NONMEMBER FEES	Early-Bird Registration Now Through August 20	Standard/Onsite Registration August 21 - Onsite	FEES
Physiatrist/Physician	\$1,395	\$1,695	\$
Resident	\$570	\$670	\$
Advanced Practice Provider	\$920	\$1,020	\$
Academic Researcher	\$1,395	\$1,695	\$
Medical Student (Full Conference)	\$375	\$475	\$
Non-Physician Practice/Hospital Administrator	\$895	\$1,195	\$
Industry Representative	\$1,395	\$1,695	\$
Nonmember Fees Total			\$

PAGE 2
TOTAL

\$

REGISTRATION FEES AND DEADLINES

GUEST AND CHILD FEES (In-person attendance option only)			
Guest Registration (age 21+)* Includes entry to the Job and Fellowship Fair, Welcome Reception, and the Exhibit Hall. Registration does not include complimentary lunch in the Exhibit Hall. Please wear badges at all times.		\$95	\$
Child Registration (ages 0-20) Includes entry to the Welcome Reception, and the Exhibit Hall. Registration does not include complimentary lunch in the Exhibit Hall.		FREE	Complimentary
*Co-workers, or those associated within the psychiatry industry, do not qualify for a Non-Attendee Guest Badge. These individuals must register in the appropriate professional or exhibitor category.			Guest Fees Total
			\$

EVENTS (In-person attendance option only)				
PM&R Party: A Spooktacular Fall Festival		Friday, October 24		FEES
PM&R Party: A Spooktacular Fall Festival 7-10 pm (MT)	Registered Attendee		\$55	\$
	Guest		\$55	\$
	Children (4 and under)		FREE	Complimentary
Foundation for PM&R Rehab 5K Run/Walk & Roll		Friday, October 24 6:30 am (MT)		
		Early-Bird Registration Now Through August 20	Standard/Onsite Registration August 21 - Onsite	
Member/Nonmember		\$25	\$35	\$
Resident		\$15	\$25	\$
Ascent Club Members*		FREE	FREE	Complimentary
2025 Job and Fellowship Fair	Salt Palace Convention Center	October 23	5:15-7:30 pm (MT)	Complimentary
				Events Total
				\$

*Ascent Club Members - Contact Phyllis Anderson (panderson@foundationforpmr.org or 847-737-6062) for more information.

PRECONFERENCE COURSES (In-person attendance option only)			
Registration fee includes light breakfast items, beverage breaks and boxed lunch.		Early-Bird Registration Now Through August 20	FEES
		Standard/Onsite Registration August 21 - Onsite	
Step One: Ultrasound Clinical Applications of the Extremities Course**		October 21-22	
Member Pricing		\$1,750	\$1,850
Nonmember Pricing		\$1,895	\$1,995
STEP Concussion and Mild TBI Live Course and Skills Assessment*		October 21-23	
Member Pricing		\$2,500	\$2,500
Nonmember Pricing		\$3,500	\$3,500
EDX ReBoot Camp		October 22	
Member Pricing		\$350	\$350
Nonmember Pricing		\$450	\$450
			Preconference Courses Total
			\$
			PAGE 3 TOTAL
			\$

* This course is a required component of AAPM&R's STEP Concussion and Mild TBI Certificate Program. By registering for this course and assessment, you are enrolling in the full certificate program. STEP 1 pre-requisite components must be completed before attended this course.

**If you want to attend this course as the first step of the AAPM&R STEP Ultrasound Certificate Program, you must register for the complete certificate program. Registering and paying only for the course does not automatically enroll you in the STEP Ultrasound Certificate Program. Visit aapmr.org/step for more information.

AAPM&R MEMBERS SAVE BIG ON ANNUAL ASSEMBLY REGISTRATION!

Become an Academy member and experience the many savings and benefits of the AAPM&R community! Go to www.aapmr.org to download a membership application today, or call (847) 737-6000 and a Customer Service Representative will be happy to assist you.

REGISTRATION FEES & DEADLINES

SKILLS LABS (In-person attendance option only)				
Our Skills Labs are three-hour educational experiences, offering a blend of didactic and hands-on immersive learning. Skills Labs have a limited number of participants to ensure an intimate learning environment. Additional registration is required for these sessions; sign-up early to reserve your seat!			FEES	
Please consult your Preliminary Program or www.aapmr.org/2025 for dates and times	Member Rate	Nonmember Rate		
1801. Essential Practical Applications in Adaptive Sports Medicine: A Focus on Winter Sports	\$250	\$350	\$	
1802. Ultrasound Guidance for Cranio-Cervical Chemodenervation Procedures	\$250	\$350	\$	
1803. Sideline Emergencies — Simulation Stations & Emergency Procedures	\$250	\$350	\$	
1804. Head & Neck US Workshop for the Unmet Needs Condition in Non-MSK PM&R Practice-Focused on Cancer Rehabilitation	\$250	\$350	\$	
1805. Hands-On Ultrasound Guidance for Limb Chemodenervation Procedures: Improving Patient Outcomes from Limb Chemodenervation Procedures	\$250	\$350	\$	
1806. Ultrasound Guided Denervation of Knee, Shoulder and Hip	\$250	\$350	\$	
1807. The Art of Treating Spasticity: Ultrasound Workshop	\$250	\$350	\$	
1808. Diagnosing Dynamic Compressive Neuropathies: Clues through Physical and Ultrasound Examination	\$250	\$350	\$	
1809. Ultrasound Evaluation of Lower Extremity Muscle Injuries in Sports Medicine	\$250	\$350	\$	
1810. Extracorporeal Shockwave Therapy (ESWT) Application for MSK Conditions	\$250	\$350	\$	
1811. Mononeuropathies: Ultrasound Evaluation and Management	\$250	\$350	\$	
1812. Orthobiologics: Hands-on Training for In-office Procedures	\$250	\$350	\$	
NOTE: Incomplete forms will delay the registration process. Please do not block or spam email from aapmr@prereg.net. If you don’t receive a confirmation via email two weeks after submitting your form, check your junk/spam folder or call Customer Service at (847) 737-6000. Method of Payment from page 1 must be completed, and submitted with all pages of this Registration Form.				
			Skills Labs Total	\$
			Page 2 Total	\$
			Page 3 Total	\$
GRAND TOTAL			\$	

2025 REGISTRATION FORM PARTICIPATION QUESTIONS

IN-PERSON PARTICIPANTS

Please select if you require special assistance. Yes No [If yes] Please explain your special assistance needs here:

Your Annual Assembly registration includes a complimentary boxed lunch Thursday, Friday and Saturday. Please indicate if you have special dietary requirements?

I do not have any dietary restrictions Vegetarian Vegan Gluten free Kosher Halal

Other/Additional comments:

FOR AAPM&R HOSTED CME ACTIVITIES: As a registrant of this activity, AAPM&R shares your name, institution, city and state with exhibitors/sponsors. Physical mailing addresses may be shared in the event an organization rents a list for one-time use for mailing purposes. You have the option to opt-out of this practice in accordance with **new ACCME guidelines** (2.3).

Note: Phone numbers and email addresses are not shared.

I provide my consent to having the information as described above shared with exhibitors and sponsors whose support makes this meeting possible.

I opt-out of having the information as described above with exhibitors and sponsors whose support makes this meeting possible.

FOR ANCILLARY ACTIVITIES AND EVENTS: I understand that if I allow my badge to be scanned by an exhibitor or sponsor, my name, company, address, and email address is made available to that exhibitor or sponsor whose support helps to make this meeting possible. This covers all corporate sponsored non-CME sessions. Attendees may choose not to attend sponsored ancillary events, thereby opting out of providing their information. View the **AAPM&R Policy on Information Sharing at Ancillary Activities and Events**.

Note: Interacting in virtual spaces requires additional consent.

I understand and consent to the AAPM&R Policy on Information Sharing at Ancillary Activities and Events.

AAPM&R is pleased to offer childcare services in Salt Lake City. In partnership with KiddieCorp, AAPM&R will be offering subsidized rates to meeting registrants. Please select if you would like to receive additional information about childcare. Yes No

RESIDENT EXPERIENCE (residents only). An exclusive AAPM&R event for residents on Thursday, October 23, from 2:30-5 pm (MT) in the Exhibit Hall. Enjoy hands-on clinical interventions with PM&R faculty, gain career insights through PM&R Aspire. Open to all residents—no extra fees or registration required! Are you Interested in participating? Yes No N/A, not a resident

MEDICAL STUDENT PROGRAM (students only). Join your fellow students on Saturday, October 25, in the Exhibit Hall to learn from and network with residents and PM&R physicians. Discuss the future of PM&R and explore the latest medical technologies, products and services showcased by leading companies and organizations—no extra fees or registration required! Are you interested in participating? Yes No N/A, not a student

Would you be interested in participating in an industry-sponsored Advisory Board if the opportunity became available? Participants would be asked to share their relevant clinical or practice expertise. If interested, AAPM&R will follow up with you should the opportunity arise.

Yes No Unsure, I need more information

VIRTUAL PARTICIPANTS

FOR AAPM&R HOSTED CME ACTIVITIES: As a registrant of this activity, AAPM&R shares your name, institution, city and state with exhibitors/sponsors. Physical mailing addresses may be shared in the event an organization rents a list for one-time use for mailing purposes. You have the option to opt-out of this practice in accordance with **new ACCME guidelines** (2.3).

Note: Phone numbers and email addresses are not shared.

I provide my consent to having the information as described above shared with exhibitors and sponsors whose support makes this meeting possible.

I opt-out of having the information as described above with exhibitors and sponsors whose support makes this meeting possible.

FOR ANCILLARY ACTIVITIES AND EVENTS: I understand that if I allow my badge to be scanned by an exhibitor or sponsor, my name, company, address, and email address is made available to that exhibitor or sponsor whose support helps to make this meeting possible. This covers all corporate sponsored non-CME sessions. Attendees may choose not to attend sponsored ancillary events, thereby opting out of providing their information. View the **AAPM&R Policy on Information Sharing at Ancillary Activities and Events**.

Note: Interacting in virtual spaces requires additional consent.

I understand and consent to the AAPM&R Policy on Information Sharing at Ancillary Activities and Events.

Would you be interested in participating in an industry-sponsored Advisory Board if the opportunity became available? Participants would be asked to share their relevant clinical or practice expertise. If interested, AAPM&R will follow up with you should the opportunity arise.

Yes No Unsure, I need more information