

REGISTRATION FORM

November 11-14, 2026
Orange County Convention Center
Orlando, FL

#aapmr26

ORLANDO, FL & VIRTUAL
NOVEMBER 11-14, 2026

ATTENDEE REGISTRATION

For more information, visit www.aapmr.org/2026.

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 **October 13, 2026**. After this date, you may register online at www.aapmr.org/2026 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 October 13, 2026, to the address below. Cancellations submitted before October 13 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 October 13 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/2026 for complete details:

	IN-PERSON + VIRTUAL	VIRTUAL ONLY
Annual Assembly	<ul style="list-style-type: none"> All Plenary and Symposia sessions Advanced Clinical Focus Days Job and Fellowship Fair Access to the Exhibit Hall (Research Hub, Learning Center, Career Corner) Skills Labs (additional fees apply) PM&R Party: The Wizarding World of Harry Potter™ — Hogsmeade™ and Jurassic Park (additional fees apply) PHiT Fest Attendee lunches 	<ul style="list-style-type: none"> All Plenary Sessions 36 Live-streamed Symposia Research 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 September 9	Standard/Onsite Registration September 10 - Onsite	FEES
Physiatrist (Fellow/Part-Time Fellow, Associate, International)	\$925	\$1,225	\$
Early-Career (Practice and Fellowship Pathways)	\$595	\$695	\$
Resident	\$495	\$595	\$
Advanced Practice Provider	\$750	\$950	\$
Academic Researcher	\$925	\$1,225	\$
Medical Student (Full Conference)	\$295	\$395	\$
Senior Member/Past President	FREE	FREE	Complimentary
Member Fees Total			\$

NONMEMBER FEES	Early-Bird Registration Now Through September 9	Standard/Onsite Registration September 10 - Onsite	FEES
Physiatrist/Physician	\$1,425	\$1,725	\$
Resident	\$595	\$695	\$
Advanced Practice Provider	\$950	\$1,050	\$
Academic Researcher	\$1,425	\$1,725	\$
Medical Student (Full Conference)	\$395	\$495	\$
Non-Physician Practice/Hospital Administrator	\$925	\$1,225	\$
Industry Representative	\$1,425	\$1,725	\$
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 Welcome Reception and the Exhibit Hall. Registration does not include complimentary lunch in the Exhibit Hall. Please wear badges at all times.	\$150	\$
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: Select Areas within Universal Islands of Adventure	Friday, November 13 7:30-11 pm (ET)	Number of Tickets Limit 6 tickets per person	FEES
Registered Attendee		\$150	\$
Guest		\$150	\$
Children (3 and under)		FREE	Complimentary
Foundation for PM&R Rehab 5K Run/Walk & Roll	November 13 6:30 am (ET)		
	Early-Bird Registration Now Through September 9	Standard/Onsite Registration September 10 - Onsite	
Member/Nonmember	\$25	\$35	\$
Resident	\$15	\$25	\$
Ascent Club Members*	FREE	FREE	Complimentary
2026 Job and Fellowship Fair Orange County Convention Center	November 11	5:15-7:30 pm (ET)	Complimentary
Events Total			\$

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

Universal elements and all related indicia TM & © 2026 Universal Studios. All rights reserved.

PRECONFERENCE COURSES (In-person attendance option only)

Registration fee includes breakfast, beverage breaks and lunch.	Early-Bird Registration Now Through September 9	Standard/Onsite Registration September 10 - Onsite	FEES
STEP Two: Interventional Spasticity Management Applications Course*	November 10-11		
Member Pricing	\$2,500	\$2,500	\$
Nonmember Pricing	\$3,500	\$3,500	\$
Next STEP Interventional Ultrasound Course: Hands-On PM&R Applications**	November 10-11		
Member Pricing	\$2,495	\$2,695	\$
Nonmember Pricing	\$2,895	\$3,095	\$
Cancer Rehabilitation: Case-Based Training for Every Psychiatrist	November 11		
Member Pricing	\$850	\$1,050	\$
Nonmember Pricing	\$1,050	\$1,250	\$
Advances in Pediatric Rehabilitation: Innovation, Collaboration, and Education	November 11		
Member Pricing	\$150	\$150	\$
Nonmember Pricing	\$150	\$150	\$
Preconference Courses Total			\$
PAGE 3 TOTAL			\$

* This course is a required component of AAPM&R's STEP Interventional Spasticity Certificate Program. By registering for this course, you are enrolling in the full certificate program and must complete STEP pre-requisite components to attend this course. A la carte registration for this course is not available. Visit aapmr.org/step for more information.

** This course is a required component of AAPM&R's STEP Ultrasound Certificate Program. Priority registration is given to STEP Ultrasound participants who completed Step 1 - Fundamentals. Any available spots may open to physicians who wish to attend this course as a one-time, standalone option outside of the STEP Ultrasound Certificate Program. Visit aapmr.org/nextstep for more standalone course registration 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!

Please consult your Preliminary Program or www.aapmr.org/2026 for dates and times	Member Rate	Nonmember Rate	FEES	
	1801. Orthobiologics	\$250		\$350
1802. Musculoskeletal Ultrasound: Advanced Ultrasound Guided Minimally Invasive Procedures	\$250	\$350	\$	
1803. Mononeuropathies: Ultrasound Evaluation and Interventions	\$250	\$350	\$	
1804. Interventional Headache Management	\$250	\$350	\$	
1805. The Art of Treating Spasticity: Ultrasound Workshop	\$250	\$350	\$	
1806. Non-Surgical Interventional Strategies for Chronic Pain: Beyond Injections to Denervation and PNS	\$250	\$350	\$	
1807. EDX ReBoot Camp	\$250	\$350	\$	
1808. Ultrasound Guidance for Botulinum Toxin Injections in the Cranio-cervical Region	\$250	\$350	\$	
1809. Ultrasound Guidance for Lower Limb Chemodeneration Procedures	\$250	\$350	\$	
1810. Reading Your Own MSK Images	\$250	\$350	\$	
1811. Extracorporeal Shockwave Therapy (ESWT) Application for MSK Conditions	\$250	\$350	\$	
1812. Pump Whisperer Workshop: Managing and Troubleshooting Intrathecal Baclofen Like a Pro	\$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.			Skills Labs Total	\$
Method of Payment from page 1 must be completed, and submitted with all pages of this Registration Form.			Page 2 Total	\$
			Page 3 Total	\$
			GRAND TOTAL	\$

2026 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 Orlando. 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 Friday, November 13, from 3-4:15 pm (ET) 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 November 14 from 9:15 am-12 pm (ET) 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