

SPONSORSHIP CONTRACT/APPLICATION

Company Information: Company name and address information should be completed exactly as they will appear in official AAPM&R Annual Assembly publications.

Company: _____

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Products/Services to be promoted: _____

Contact Information: Only the designated official contact(s) will receive sponsorship related materials.

Primary Contact: _____
(will receive all communication from AAPM&R)

Title: _____

Address: _____
☐ Check here if same as above

City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Cell: _____

E-Mail: _____

Agreement:

We the undersigned, hereby make application for specified sponsorship opportunity at the 2017 Annual Assembly to be held October 12 - 15 in Denver, CO. A signature on this application indicates an understanding and agreement to comply with all policies, rules, regulations, terms and conditions of the AAPM&R. This contract is binding once signed. Payments are due April 1, 2017.

Signature: _____

Name: _____

Title: _____ Date: _____

Contact: Lisa Koch ■ (617) 285-2320 ■ lkoch@conventusmedia.com
or Kathleen Noonan ■ (781) 375-8584 ■ knoonan@conventusmedia.com
(on behalf of AAPM&R)

aapm&r

ANNUAL ASSEMBLY 2017

OCTOBER 12-15, 2017 • DENVER, CO

Important Instructions

Please clearly print or type this contract.

Return completed contract/application along with payment.

Sponsorship Information

List requested opportunities

Payment Information

Full Payment Amount:

\$ _____

☐ Check enclosed

(Payable to AAPM&R)

Mail to: PO Box 95528,

Chicago, IL 60694-5528

☐ Credit Card

Credit Card payments are accepted on the secure AAPM&R Payment Portal. A statement will be sent containing a link to complete your payment.

aapm&r

American Academy of
Physical Medicine and Rehabilitation