

SPONSORSHIP CONTRACT



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

**BALTIMORE, MD
OCTOBER 20-23, 2022**

Important Instructions:

Please clearly print or type this contract. Return completed contract/application along with payment.

1. CONTACT INFORMATION

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

Company: _____

Primary Contact: _____
(Will receive all communications from AAPM&R)

Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Additional Contact: _____

Title: _____

Work Phone: _____

Cell Phone: _____

Email: _____

3. PAYMENT INFORMATION

Full Payment Amount \$ _____

Check: (Payable to AAPM&R) Check # _____
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.

4. AGREEMENT

We the undersigned, hereby make application for specified sponsorship opportunity at the 2022 Annual Assembly to be held October 20-23, Baltimore MD. 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 3, 2022.*

Signature

Printed Name

Title _____ Date _____

2. SPONSORSHIP INFORMATION

List requested opportunities: _____ Opportunity cost: _____

Contacts: (on behalf of AAPM&R)

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American Academy of Physical Medicine and Rehabilitation