

## 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	<b>\$5,500</b> (Value: \$23,000+)
▶ Use of IPC Participant logo	✓
▶ Recognition via AAPM&R social media channels	✓
▶ Recognition on AAPM&R website year-round with clickable description	✓
▶ Recognition on signage at the Annual Assembly	✓
▶ Recognition Opportunity: Company logo and 100-word description in an edition of The Physiatrist to promote your institution. (Descriptions due by February 6, 2023)	✓
➤ Featured presence at the Residency Fair**	✓
➤ Verbal recognition from podium at Annual Assembly	✓
▶ 1, 8' x 10' booth at AAPM&R Job and Fellowship Fair**in IPC designated area+	✓
▶ Ability to include content (1 short video and 1 pdf) in own section on AAPM&R's new Sponsored Content Learning Portal (Learning Management System) for 3 months.  *Content subject to review and approval.	✓
► Complimentary advertisement on Job and Fellowship Board	1, 60-day ad and featured job posting
▶ Discounts on Annual Assembly Registration (excludes Skills Labs)	1 complimentary AA registration and 20% off up to 3 AA registrations
▶ Number of priority points earned for Annual Assembly exhibitor selection***	4

<sup>\*</sup>Values must be used within the calendar year of participation. No credits are provided for unused values. Values are subject to change.

 $<sup>^{+}</sup>$ Space is first-come, first-served.



## It's time to be PM&R BOLD.

There are many ways to participate on the team.

Learn more at **BOLD.aapmr.org.** 

<sup>\*\*</sup>Separate application required. First-come, first-served, recognition/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.

## **AAPM&R Institution Partners Council Form**

/e would like to participate:	
<b>)</b> \$5,500 Today's Date:	
nstitution Name:	
(Please list name a	as it should appear in print and online)
nstitution Address:	
CITY	STATE ZIP
PRIMARY CONTACT	
lame/Designation:	Title:
mail:	Phone:
SECONDARY CONTACT	
lame/Designation:	Title:
mail:	Phone:
METHOD OF PAYMENT	PAYMENT INFORMATION
Payment must be made in U.S. dollars and accompany this form.  INVOICE ME O	To submit your sponsorship registration form and payment:
Enclosed is check # Checks must be in U.S. funds and made payable to AAPM&R.	SECURE FAX: Fax all pages of this form to: (847) 563-4191
Charge to the following: ○ VISA ○ MasterCard ○ DISCOVER ○ AMEX	MAIL: Mail this form and payment to:
Card No.	AAPM&R
	P.O. Box 95528 Chicago, IL 60694-5528
	Fees are due for the full calendar year regardless of join date.
Expiration Date	Payment in full must be received by AAPM&R within 30 days of accepting this form.
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)	





American Academy of Physical Medicine and Rehabilitation

9700 W. Bryn Mawr Ave., Ste. 200 Rosemont, IL 60018 www.aapmr.org PHONE 847.737.6000

FAX 847.754.4368

corporatesupport@aapmr.org