### Value of Participation

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of IPC Participant logo</td>
<td>✔️</td>
</tr>
<tr>
<td>Recognition via AAPM&amp;R social media channels</td>
<td>✔️</td>
</tr>
<tr>
<td>Recognition on AAPM&amp;R website year-round with clickable description</td>
<td>✔️</td>
</tr>
<tr>
<td>Recognition on signage at the Annual Assembly</td>
<td>✔️</td>
</tr>
<tr>
<td>Recognition Opportunity: Company logo and 100-word description in an edition of <em>The Physiatrist</em> to promote your institution. (Descriptions due by February 6, 2023)</td>
<td>✔️</td>
</tr>
<tr>
<td>Featured presence at the Residency Fair**</td>
<td>✔️</td>
</tr>
<tr>
<td>Verbal recognition from podium at Annual Assembly</td>
<td>✔️</td>
</tr>
<tr>
<td>1, 8’ x 10’ booth at AAPM&amp;R Job and Fellowship Fair** in IPC designated area*</td>
<td>✔️</td>
</tr>
<tr>
<td>Ability to include content (1 short video and 1 pdf) in own section on AAPM&amp;R’s new Sponsored Content Learning Portal (Learning Management System) for 3 months. *Content subject to review and approval.</td>
<td>✔️</td>
</tr>
<tr>
<td>Complimentary advertisement on Job and Fellowship Board</td>
<td>✔️</td>
</tr>
<tr>
<td>Discounts on Annual Assembly Registration (excludes Skills Labs)</td>
<td>✔️</td>
</tr>
<tr>
<td>Number of priority points earned for Annual Assembly exhibitor selection***</td>
<td>4</td>
</tr>
</tbody>
</table>

*Values must be used within the calendar year of participation. No credits are provided for unused values. Values are subject to change.** 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. *Space is first-come, first-served.

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**It’s time to be PM&R BOLD.**

There are many ways to participate on the team. Learn more at [BOLD.aapmr.org](http://BOLD.aapmr.org).

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For more information, contact Meghan Strubel at: [corporatesupport@aapmr.org](mailto:corporatesupport@aapmr.org), or phone (847) 737-6116.

See back to complete registration and payment information.
AAPM&R Institution Partners Council Form

Yes, register our institution for the AAPM&R Institution Partners Council so we can help impact AAPM&R’s vision and immediately start receiving year-round exposure and benefits.

We would like to participate:
- $5,000  

Today’s Date: __________

Institution Name: ____________________________________________  
(Please list name as it should appear in print and online)

Institution Address: ____________________________________________

CITY       STATE    ZIP

PRIMARY CONTACT

Name/Designation: ____________________________________________  
Title: ____________________________________________

Email: ____________________________________________  
Phone: ____________________________________________

SECONDARY CONTACT

Name/Designation: ____________________________________________  
Title: ____________________________________________

Email: ____________________________________________  
Phone: ____________________________________________

METHOD OF PAYMENT

Payment must be made in U.S. dollars and accompany this form.

INVOICE ME ☐

Enclosed is check # __________  Checks must be in U.S. funds and made payable to AAPM&R.

Charge to the following:
- VISA ☐  - MasterCard ☐  - DISCOVER ☐  - AMEX ☐

Card No. __________  Expiration Date __________/__________

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)

SIGNATURE (required for credit card payment)

AAPM&R Institution Partners Council

Updated  October 2022

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