

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	\$5,500
▶ Use of IPC Participant logo	✓
▶ Recognition via AAPM&R social media channels	✓
▶ Recognition Opportunity: Company logo and 100-word description in an edition of The Physiatrist to promote your institution.	✓
▶ Recognition on AAPM&R website year-round linkable to your URL	✓
▶ Recognition on signage at the Annual Assembly	✓
▶ Verbal recognition from podium at Annual Assembly	✓
▶ 1, 8′ x 10′ booth at AAPM&R Job and Fellowship Fair**in IPC designated area+ (\$1,350 value)	✓
▶ Discounts on select AAPM&R print advertising, mailing list rental and select sponsorship opportunities	✓
▶ Discounts on Annual Assembly Registration (excludes Skills Labs) Please note discounts are for EARLY-BIRD rates. Registrations made after September 4 will have early-bird rates deducted from regular registration prices.	*One complimentary early-bird registration for AAPM&R member. *20% off early-bird rate for up to three registrations.
▶ Number of priority points earned for Annual Assembly exhibitor selection***	4

^{*}Values must be used within the calendar year of participation. No credits are provided for unused values. Values are subject to change.



It's time to be PM&R BOLD.

There are many ways to participate on the team.

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

^{**}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.

AAPM&R Institution Partners Council Form

/e would like to participate:	
O \$5,500 Today's Date:	
nstitution Name:	
(Please list name a	s it should appear in print and online)
nstitution Address <u>:</u>	
CITY	STATE ZIP
PRIMARY CONTACT	
Name/Designation:	Title:
mail:	Phone:
SECONDARY CONTACT	
Name/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.	





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