

AAPM&R Institution Partners Council

Program for all Rehabilitation Institutions and Departments

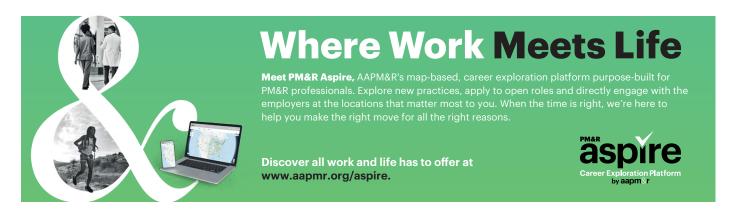
Support the specialty as AAPM&R leads the advancement of physiatry's impact throughout health care. Join this program and receive maximum, year-round exposure among your peers and other institutions. Participants also receive significant exposure around AAPM&R's Annual Assembly.

To take advantage of one of these great values, complete the registration form.

Value of Participation	\$5,675
▶ Discounted rate on PM&R Aspire, AAPM&R's Career Exploration Platform (aspire.aapmr.org)	✓
▶ Use of IPC Participant logo	✓
▶ Recognition via AAPM&R social media channels	✓
▶ Recognition Opportunity: Company logo and 100-word description in an issue of The Physiatrist.	✓
▶ Recognition on AAPM&R website year-round linkable to your URL	✓
▶ Recognition in the <i>Preliminary and Official Programs</i> and 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+ (\$1,415 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 the early-bird deadline 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 two registrations.
▶ Number of priority points earned for Annual Assembly exhibitor selection***	1

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

^{*}Space is first-come, first-served.



^{**}Separate application required. First-come, first-served, recognition/space may be limited. Deadlines apply. Discounts may not be combined with other offers.

 $[\]ensuremath{^{***}}\xspace$ This is applicable to organizations that exhibit in the Technical Exhibition.

AAPM&R Institution Partners Council Form

We would like to participat	te:		
	Today's Date:		
Institution Name:	(Dlassas link		
	(Please list	name as it should appear in print and online)	
Institution Address:			
CITY		STATE	ZIP
PRIMARY CONTACT			
Name/Designation:		Title:	
		FIIOIIe:	-
SECONDARY CONTACT			
Name/Designation:		Title:	
Email:		Phone:	
PAYMENT INFORMAT	TION		
PAYMENT INFORMAT	TION		
TO PAY BY CHECK:			
TO PAY BY CHECK: Please make check payable to	AAPM&R and mailed to:		
TO PAY BY CHECK: Please make check payable to PO Box 95528, Chicago, IL 600	AAPM&R and mailed to:		
TO PAY BY CHECK: Please make check payable to PO Box 95528, Chicago, IL 60 TO PAY BY CREDIT CARD:	AAPM&R and mailed to:	to pay online.	
TO PAY BY CHECK: Please make check payable to PO Box 95528, Chicago, IL 600 TO PAY BY CREDIT CARD: Please email corporatesuppo	AAPM&R and mailed to: 694-5528.	to pay online.	
TO PAY BY CHECK: Please make check payable to PO Box 95528, Chicago, IL 600 TO PAY BY CREDIT CARD: Please email corporatesuppo TO PAY ELECTRONICALLY:	AAPM&R and mailed to: 694-5528. ort@aapmr.org for an invoice link	to pay online.	
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TO PAY BY CHECK: Please make check payable to PO Box 95528, Chicago, IL 600 TO PAY BY CREDIT CARD: Please email corporatesuppo TO PAY ELECTRONICALLY: Please use the information bel Bank: BMO Harris Bank NA ABN Routing Number: 071000 SWIFT Code: HATRUS 44 Account Name: American Aca	AAPM&R and mailed to: 694-5528. ort@aapmr.org for an invoice link low: 0288 ddemy of Physical Medicine and Re Ave., Ste. 200, Rosemont, IL 6001	ehabilitation	





American Academy of Physical Medicine and Rehabilitation

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