



Industry Relations Council (IRC) Tiers and Value of Participation

The Industry Relations Council (IRC) provides a useful framework for the Academy and Industry to expand dialogue on emerging issues of shared concern. AAPM&R receives high praise from participants for the IRC program and the opportunities it affords throughout the year, including, but not limited to, the ability to meet with Academy leadership at least 2 times per year and the ability to provide content on AAPM&R's new Sponsored Content Learning Portal. (See *other values below.*) This is the perfect avenue to begin and further develop compliant relationships with AAPM&R and PM&R physicians.

		TIER 1 \$72,500	TIER 2 \$52,500	TIER 3 \$27,500	TIER 4 \$12,500	
TIER 1 ONLY	▶ Number of full conference registrations at the Annual Assembly	2	N/A	N/A	N/A	
	▶ Number of complimentary exhibit hall badges at the Annual Assembly	5	N/A	N/A	N/A	
NEW!	▶ Ability to include content (pdfs, courses, etc.) in own section on our Sponsored Content Learning Portal (Learning Management System)	12 months	8 months	5 months	3 months	
	▶ Number of priority points earned	5	3	2	1	
	▶ Number of invitation(s) to full-day Annual IRC Meeting, (2022 date TBD)	4	3	2	1	
	▶ Number of invitation(s) to the IRC Breakfast at the Annual Assembly	4	3	2	1	
	▶ Number of complimentary tickets to the President's Reception at the Annual Assembly	3	2	2	1	
	▶ Number of subscriptions to <i>PM&R</i> , AAPM&R's scientific journal	4	3	2	1	
	▶ Number of subscriptions to <i>The Physiatrist</i> , AAPM&R's newsletter	4	3	2	1	
	▶ Ability to host a sponsored webinar for AAPM&R members or discounted percentage	✓	✓	25%	10%	
	ALL TIERS	▶ Recognition at the Annual Assembly	✓	✓	✓	✓
		▶ Special signage for participants' exhibit booths (if exhibiting) at the Annual Assembly	✓	✓	✓	✓
▶ Recognition on AAPM&R website during entire year of participation		✓	✓	✓	✓	
▶ Recognition on AAPM&R's social media channels		✓	✓	✓	✓	
▶ Use of IRC Participant logo		✓	✓	✓	✓	

AAPM&R Industry Relations Council Application

Please select your desired tier and fill out the information below for that respective tier only:

Tier 1 \$72,500 **Tier 2** \$52,500 **Tier 3** \$27,500 **Tier 4** \$12,500

COMPANY INFORMATION

COMPANY _____ (Please list name as it should appear in print and on line)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIN PHONE _____ WEBSITE _____

Please describe the product or service relevant to PM&R:

Please describe anything in your company's pipeline that may contribute to PM&R:

MAIN CONTACT INFORMATION

NAME _____ COMPANY/AGENCY _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ MOBILE _____ FAX _____

AAPM&R Industry Relations Council Application (continued)

SECONDARY CONTACT INFORMATION

NAME COMPANY/AGENCY EMAIL

ADDRESS

CITY STATE ZIP

OFFICE PHONE MOBILE FAX

BILLING CONTACT OR SAME AS:

Main Contact **Secondary Contact** **New Contact** (Fill out information below)

NAME COMPANY/AGENCY EMAIL

ADDRESS

CITY STATE ZIP

OFFICE PHONE MOBILE FAX

BILLING INFORMATION

Submit invoice to: _____

Submit grant request online. Grant submission Web address: _____

Submit Letter of Request

Other, please specify: _____

AAPM&R Industry Relations Council Application (continued)

Subscriptions to the Academy scientific journal, *PM&R*

TIER 1: Fill out 4 subscriptions **TIER 2:** Fill out 3 subscriptions **TIER 3:** Fill out 2 subscriptions **TIER 4:** Fill out 1 subscription

SUBSCRIBER 1 or check here if same as : **Main Contact** **Secondary Contact**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

SUBSCRIBER 2 or check here if same as : **Main Contact** **Secondary Contact**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

SUBSCRIBER 3 or check here if same as : **Main Contact** **Secondary Contact**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

SUBSCRIBER 4 or check here if same as : **Main Contact** **Secondary Contact**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

Subscriptions to the newsletter, *The Physiatrist*

TIER 1: Fill out 4 subscriptions **TIER 2:** Fill out 3 subscriptions **TIER 3:** Fill out 2 subscriptions **TIER 4:** Fill out 1 subscription

SUBSCRIBER 1 or check here if same as : **Main Contact** **Secondary Contact** **Same as info provided for PM&R subscription**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

SUBSCRIBER 2 or check here if same as : **Main Contact** **Secondary Contact** **Same as info provided for PM&R subscription**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

SUBSCRIBER 3 or check here if same as : **Main Contact** **Secondary Contact** **Same as info provided for PM&R subscription**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

SUBSCRIBER 4 or check here if same as : **Main Contact** **Secondary Contact** **Same as info provided for PM&R subscription**

NAME	COMPANY/AGENCY	EMAIL
ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE	MOBILE	FAX

AAPM&R Industry Relations Council Application *(continued)*

PLEASE LIST THE NATIONAL MEETINGS YOU WILL BE ATTENDING THIS YEAR:

COMMENTS

If you have any questions, please contact Sharon Popielewski at
(847) 737-6048 or by email at **corporatesupport@aapmr.org**.