

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	\$5,000 (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 1, 2022) 	✓
▶ Prime placement at the Residency Fair** with special signage	✓
▶ 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

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

 $^{{}^{\}scriptscriptstyle +}$ 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.**

For more information, contact Ashley Piper at: corporatesupport@aapmr.org, or phone (847) 737-6078.

^{**}Separate application required. First-come, first-served, 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:	
) \$5,000 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.	,
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American Academy of Physical Medicine and Rehabilitation

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