

AAP ACADEMIC PARTNER APPLICATION

INSTITUTION PROGRAM COORDINATOR University Full Name Address Line 1 Title Address Line 2 E-mail Address Did someone refer you to AAP? ☐ Yes ☐ No City If yes, please list their name: _ Phone Number Fax Number Payment (make checks payable to AAP in US dollars only) E-mail Address ☐ Enclosed is a check Web Site (URL) ☐ VISA ☐ Mastercard ☐ American Express Permission to link to your website? ☐ Yes ☐ No Charge Card Number **ACADEMIC PARTNER BENEFITS** Expiration Date (XX-XXX) CVV Number(XXX) **Program Coordinator Benefit:** Authorized Signature (Non-Physician) Complimentary AAP membership for the TOTAL AMOUNT: Program Coordinator (regularly \$150)

Department Development Benefit:

 Complimentary AAP Annual Meeting registration for ONE (1) faculty in your department (regularly \$750)

Complimentary AAP Annual Meeting registration

for the Program Coordinator (regularly \$550)

- Complimentary AAP Annual Meeting registration for ONE (1) Resident in your department (regularly \$710)
- Subscription for the American Journal of Physical Medicine and Rehabilitation (regularly \$465)
- Discount on AAP Fellowship Fair registration fee during Annual Meeting (regularly \$500)
- Recognition in the AAP Annual Meeting Program (\$250)

Total Cost is \$2,000 (Savings of more than \$4,000)

ADDITIONAL INFORMATION

- Voucher codes will be provided for meeting registrations and must be attached to the Annual Meeting registration form.
- Vouchers cannot be extended to another year if not used in the current membership year.
- No refunds will be provided to faculty members or residents who have already registered for the Annual Meeting.
- A voucher can be used only for its stated category.
- Complimentary meeting registrations do not include optional events.

CONTACT

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Or Apply Online at www.physiatry.org/AcademicPartners