

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)

for the Program Coordinator (regularly \$715)

Department Development Benefit:

 Complimentary AAP Annual Meeting registration for ONE (1) faculty in your department (regularly \$1,095)

Complimentary AAP Annual Meeting registration

Complimentary AAP membership for the

Program Coordinator (regularly \$150)

- Complimentary AAP Annual Meeting registration for ONE (1)Resident inyoudepartment (regularly \$840)
- Discounted table at the AAP's popular Fellowship
 & Job Fair at the Annual Meeting (\$200 savings)
- Subscription for the American Journal of Physical Medicine and Rehabilitation(regularly\$534)
- Recognition in theAAP Annual Meeting Program (regularly \$250)
- Recognition on the AAP Academic Partner webpage

Total Cost: \$2,500

ADDITIONAL INFORMATION

TOTAL AMOUNT:

- 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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