

AAPM&R 2017 Meeting Request Form

First Name *

Last Name *

Company *

Street Address *

City *

State *

Zip Code *

Phone Number *

Email Address *

Is your Company a participant in the Industry Relations Council (IRC)? *

- ☐ Yes
☐ No

Meeting Logistics

Title of Meeting *

Will AAPM&R Physician(s) be in attendance?

☐ Yes

☐ No

Who will be your primary audience? *

☐ Internal Staff

☐ AA attendees

☐ Other: please specify

Purpose of Meeting: *

- ☐ Advisory Board
☐ Social Event
☐ Internal Staff Meeting
☐ Business Meeting
☐ Other

Estimated attendance *

- ☐ Up to 50 attendees
☐ 51- 75 attendees
☐ 75+ attendees

Proposed Meeting Start Time: *

Proposed Meeting End time: *

Proposed Meeting Date: *

Room Setup: *

☐ Banquets

☐ Theater

☐ Classroom

☐ Crescent rounds

☐ Other

Please supply any other relevant information:

For more information on how to become an IRC member please go to the following link:

<http://www.aapmr.org/about-aapm-r/corporate-support/industry-relations-council>

Additional Marketing Opportunities *

☐ AAPM&R Attendee Mailing list - \$1,000

☐ Insert in Registration bag - \$8,000

Thank you for completing the information. AAPM&R will review the information and respond to you within 10 business days. We look forward to a successful meeting

If you have any questions please contact:

Patricia Swift, CMP

Conventus Media

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703-581 9602

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