



INTERNATIONAL ASSOCIATION OF
REHABILITATION PROFESSIONALS

2018 Annual Sponsor Program



The IARP Annual Sponsor Program is designed to increase the awareness and visibility of your company among IARP members. IARP membership consists of over 2,000 professionals practicing in the fields of long-term disability and disability management consulting, case management and managed care, forensics and expert testimony, vocational rehabilitation transition services, life care planning, and Americans with Disabilities Act (ADA) consulting. Participate in the Annual Sponsor Program to expose your products and services to customers throughout the year.

Platinum Annual Sponsor — \$2,995

Annual Conference

- ▶ One complimentary exhibit booth (includes one representative)
- ▶ One complimentary additional booth representative
- ▶ Recognition as an Annual Sponsor

Advertising

- ▶ One complimentary full-page advertisement in one issue of either the Journal of Life Care Planning (JLCP) or The Rehabilitation Professional (Rehab Pro)

Broadcast Emails

- ▶ 3 emails to IARP membership per year

Recognition

- ▶ Company name, logo and link to website on the IARP homepage
- ▶ Use of IARP Annual Sponsor logo

Gold Annual Sponsor — \$1,995

Annual Conference

- ▶ One complimentary exhibit booth (includes one representative)
- ▶ Recognition as an Annual Sponsor

Broadcast Emails

- ▶ 1 email to IARP membership per year

Recognition

- ▶ Company name, logo and link to website on the IARP homepage
- ▶ Use of IARP Annual Sponsor logo

Silver Annual Sponsor — \$995

Annual Conference

- ▶ Recognition as an Annual Sponsor

Recognition

- ▶ Company name, logo and link to website on the IARP homepage
- ▶ Use of IARP Annual Sponsor logo

Contact _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 Email _____
 Website _____

IARP Annual Sponsorship Rates

Sponsorship Type	Price
Platinum Annual Sponsor	○ \$2,995
Gold Annual Sponsor	○ \$1,995
Silver Annual Sponsor	○ \$995

Total Cost \$ _____

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

Payment

Check (Payable to IARP) Visa MasterCard AMEX

Card # _____

Exp Date _____ Security code _____

Cardholder's Name _____

Cardholder's Phone _____

Signature _____

Card Billing Address (If Different from Above) _____

Card Billing City/State/Zip _____

Send your completed form and payment to:

Mail: IARP
 Attn: Sarah Ewald
 1000 Westgate Drive, Suite 252
 St. Paul, MN 55114
 Fax: 651-290-2266

Terms and conditions

- ▶ **Refund policy:** Full payment is expected at the start of the program. The program is nonrefundable.
- ▶ Benefits are good for one year and begin the day payment is received.
- ▶ **Email policy:** Annual Sponsor emails will be distributed by IARP to its membership. All content is subject to review by IARP staff. It is the responsibility of the sponsor to schedule, either by email or by phone, all emails not less than ten business days before an email is scheduled to go out. Emails will be sent on business days only. Emails will not be sent on U.S. holidays. The copy must be supplied by the contributor. All reservations are first come, first serve.
- ▶ Files should be sent as attachments in HTML format. IARP will not accept PDF, Publisher files, pre-formatted HTML files that are embedded in the sent email, spreadsheets, items sent with any scripting other than HTML (i.e. Javascript, embedded video, SWF files, PHP).