

Promote Your IARP Rehabilitation Community and Help Support the 2018 IARP Annual Conference!

On behalf of the IARP Board of Directors and Annual Conference Committee, you are invited to support the Annual Conference by donating to one or more of the events listed below. As the only organization focused on and committed to comprehensively serving the professional private rehabilitation industry, our Annual Conference provides wonderful learning and networking opportunities for our five specialty practice sections.

There are two different categories of support that you can participate in:

1. SECTION RECEPTIONS

In addition to the welcome reception on Friday evening for all attendees (where all five sections will be provided designated space), several individual sections will be hosting their own receptions. The IALCP, SSVE, and Forensic Sections will each host their own receptions on Thursday evening (October 25th). Recognition of this support will be provided at the receptions, in addition to ribbons recognizing dollar amount and recognition on the conference website.

2. LEADERSHIP FUND

In support of the Annual Conference, Past and Present Leaders have generously donated to the Leader Fund for many years. Recognition of this support is provided at the Awards Ceremony in addition to ribbons recognizing dollar amount and recognition on the conference website.

CONTRIBUTION LEVELS

We invite you to consider supporting these events at one of the levels listed below:

- ▶ Champion: \$1,000+
- ▶ Ambassador: \$500–\$999
- ▶ Advocate: \$250–\$499
- ▶ Supporter: \$100–\$249
- ▶ Patron: Up to \$100

Donations are welcome at any time but must be received by September 13th, 2018 to be recognized in conference materials.

I would like to contribute money to:

- SSVE Reception
- LCP Reception
- Forensic Reception
- Leadership Fund (Presidents, chairs, board members)

CONTACT & PAYMENT INFORMATION

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

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 _____

Total Contribution \$ _____

**Send your completed form
and payment to:**

IARP
 Attn: Kim Bailey
 1000 Westgate Drive, Suite 252
 St. Paul, MN 55114
 Fax: 651-290-2266

If paying by credit card, all fields below are required. Per PCI compliance, please do not send credit card information via email to protect your information.

(For office use only)

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