

SPONSORSHIP APPLICATION/ CONTRACT



MARCH 4-9, 2020
ORLANDO, FL

CONTACT/ COMPANY INFORMATION:

Contact Name: _____

Title: _____

Email: _____

Phone: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Website: _____

SPONSORSHIP INFORMATION:

AGREEMENT:

We the undersigned, hereby agree to be a sponsor at the AAP/ ISPRM 2020 World Congress in Orlando, Florida, to be held March 4-9, 2020. A signature on this application indicates an understanding and agreement to comply with all terms and conditions of the AAP. This contract is binding once signed. Payments are due no later than December 1, 2019, unless otherwise agreed upon.

Signature: _____

Name: _____

Title: _____

Date: _____

INSTRUCTIONS:

Please email the completed form to Bernadette Rensing at brensing@physiatry.org, or mail application along with payment to the AAP.

PAYMENT INFORMATION:

WE PREFER PAYMENT BY CHECK.
Please remit payment to AAP.

Check Enclosed (Payable to AAP)

Mail to:

AAP

10461 Mill Run Circle, Suite 730

Owings Mills, MD 21117

FULL PAYMENT AMOUNT

\$ _____

Credit Card

FULL PAYMENT AMOUNT

\$ _____

Payment accepted in **US DOLLARS ONLY**
or by **MasterCard/Visa/AMEX**

Card Number: _____

Exp Date: _____

Verification Code: _____

Auth Signature: _____

AAP Tax ID # 31-1145375

CONTACT:

Bernadette Rensing

410-654-1000

brensing@physiatry.org