

PainConnect Exhibiting and AAPM Corporate Partner Opportunity Registration Form



CONTACT INFORMATION

*Name of Organization: _____

Primary Contact Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

*Please note this is how your company and products/services will appear on all meeting-related materials.

CORPORATE PARTNER / EXHIBITOR OPTION

Item	Price	Quantity	Total
Platinum Corporate Partner	\$45,100		
Gold Corporate Partner	\$35,100		
Silver Corporate Partner	\$25,100		
Bronze Corporate Partner	\$14,100		
Corporate Partner	\$8,600		
Exhibitor	\$5,100		
Exhibitor – Nonprofit ¹	\$2,500		

ADDITIONAL OPPORTUNITIES

Item	Price	Quantity	Total
AAPM Industry Partner	\$10,000		
Onsite Digital Advertisement	\$1,500		
Push Notifications	\$1,000		
Conference Key Cards (+ cost of cards)	\$3,000		
Conference Bags with Sponsor Logo (+ cost of bags)	\$3,000		
Conference Lanyards (+ cost of lanyards)	\$3,000		
Host a Product Theater	\$2,500		
Cocktails or Coffee Enhanced Break (+ F&B cost)	\$1,500		
Conference Rooms per day – a separate form will follow	\$5,000		
Innovation Challenge (Corporate Partner – Silver Partner)	\$5,000		
Fun Event Sponsor (+ cost of supplier/instructor)	\$1,000		
Lead Retrieval License	\$450		

BRANDING MENU

Item	Price	Quantity	Total
Vertical Pull Up Signage (3 available) Main Elevator/premium placement	\$3000*		
4-sided cube signage (2 available) Pre-Function Space	\$2500*		
2-sided vertical box signage (4 available)	\$1500*		
Marketing messaging ad on rotating monitor in pre-function space (8 available)	\$1,000* per ad		



Please call me to discuss our Corporate Partner/Exhibitor Opportunities.

1. Space for nonprofit exhibitor attendance is limited, and a table may be placed in the Exhibit Hall pre-function area. Space is allocated on a first-come, first-served basis upon receipt of your IRS 501(c) determination letter.

*Production and installation fees not included in pricing.

TABLE/BOOTH SELECTION (subject to payment and availability)

Choice	Booth Number
1st Choice	
2nd Choice	
3rd Choice	
4th Choice	

CORPORATE PARTNERS DESCRIPTION AND LOGO: (50 words or less)

CONFERENCE BADGES: (See Prospectus for number provided per level)



Payment will be made by check, (AAPM ID: 36-3874208)

Make check payable to AAPM

Mail to: American Academy of Pain Medicine
10440 Little Patuxent Pkwy, Ste. 300
Columbia, MD 20144

Payment will be made by credit card

Credit Card Authorization Form is included.

**AAPM has implemented a 3% fee on all credit card transactions above \$5,100.*

This application is a contract between our sponsoring company and AAPM for the purpose of the Pain-Connect 2026 annual conference. By signing this contract, our company agrees to follow all the terms and conditions outlined in this prospectus. Payment is welcome anytime but is due IN FULL and received by January 1, 2026. AAPM will provide ACH payment information upon request. The application documents: Agreement, Consideration, and Reliance and fulfills the requirements of a standard contract.

Signature:

Return the completed form to:

AAPM | 10440 Little Patuxent Pkwy, Ste. 300, Columbia, MD 20144 or
Email to Kimberley Meegan, kimberleymeegan@gmail.com

Questions? Contact **Kimberly Meagan** kimberleymeegan@gmail.com or **Jeremy Mattila**, Jeremy.mattila.scora@gmail.com.

CREDIT CARD AUTHORIZATION FORM

In order to charge your credit card and in accordance with security measures taken by credit card companies, please fill in the following form and return.

Please send this sheet by email scan to the attention of:

Kimberley Meegan
AAPM Corporate Partner Associate
Email: kimberleymeegan@gmail.com

AUTHORIZATION FOR CREDIT CARD CHARGES

A 3% fee will be added to all credit card transactions exceeding \$5,100.

Name of Company	
We Authorize AAPM to make the charge of: (US currency only)	
For the following Services	
For Meeting: (credit card statement will read American Academy of Pain Medicine as the merchant)	PainConnect

CREDIT CARD DETAILS TO BE CHARGED:

VISA MC AMEX



Number: _____

Expiration date: _____ Security Code: _____

Name of card holder: _____

Address (as per credit records): _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone number: _____

Email for receipts: _____

Signature of card holder: _____ Date: _____