

AAPM 2020

Innovation & Technology in Pain Medicine

36th Annual Meeting

February 26-March 1, 2020

#PainMed2020

Innovation Pavilion

Gaylord National Resort & Convention Center
National Harbor, MD

The American Academy of Pain Medicine (AAPM) has transformed the traditional exhibit hall into the AAPM Resource Center, which is designed to compliment the educational sessions presented during the AAPM 36th Annual Meeting. The meeting will focus on the theme, **Innovation & Technology in Pain Medicine**. The Resource Center connects you with more than 1,000 clinicians practicing the specialty of pain medicine.

Innovation Pavilion enables you to host a station located in the heart of the Resource Center and conduct a hands-on demonstration of your new technologies and innovations for the treatment of pain. Showcase your products by meeting face-to-face with attendees to learn about the latest treatments, devices, and products that enhance their practice, patient care and outcomes.

Innovation Pavilion Schedule

Thursday	5:30-6:30 pm
Friday	9:30-10:30 am
	3:25- 4:25 pm
	6-7 pm
Saturday	10:10-11:10 am

Times are subject to change

Reserve your station for exclusive time allocated on the schedule for you to engage, educate and interact with the attendees. These activities will be promoted on the AAPM website, mobile app, bag inserts and Resource Center signage. Submit this form or use the fillable form available at painmed.org. Payment is due at the time of space reservation. (There is a maximum of 8 stations.)

Fee per station is \$5,000

Reservations are on a first-come, first-served basis. Stations are only available to AAPM exhibitors. No cancellations or refunds are accepted.

COMPANY INFORMATION

Company name _____

Contact _____ Title _____

Address _____ City/state/ZIP _____

Phone (_____) _____ Email _____

PAYMENT INFORMATION

Check enclosed (payable to AAPM) Check number _____

MasterCard Visa American Express Discover *Credit card payments of \$5,000 or more will be assessed a 3% processing fee.*

Name on card _____ Amount \$ _____

Account number _____ SC _____ Expiration date _____

Signature _____

Mail form and payment to **AAPM, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631** or fax to **888.374.7259**.

Email form to prd@painmed.org and mail payment to **PO Box 3781, Oak Brook, IL 60522**.

Contact Kathryn Checea, Director of Professional Relations, at 847.375.4765 or kchecea@painmed.org.