



NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS CORPORATE FRIEND OF NRRTS APPLICATION (CFON)

A Corporate Friend of NRRTS (CFON) is a manufacturer or CRT Supplier involved in the rehabilitation technology industry that distribute its products through a supplier network or a CRT Supplier. **A CFON must be sponsored by a NRRTS Registrant in good standing and approved by the Board of Directors of The National Registry of Rehabilitation Technology Suppliers as meeting all standards and requirements. The annual fee is \$1500.**

- Five (5) complimentary FON affiliations (IFONs have access to NRRTS Education at 50% off and can participate on the NRRTS Listserve and a subscription to DIRECTIONS Magazine)
- CFON corporate logo with hot link to corporate CFON web site on www.nrrts.org
- Right of First Refusal on Event Sponsorships
- CFON corporate logo on the back cover of DIRECTIONS Magazine.

NRRTS Registrant (Sponsor) Information (Form may be photocopied)

NRRTS Registrant Name _____ Company Name _____

Cell Phone _____ Email _____

I recommend _____ is an asset to our industry and will be an honorable CFON.
(COMPANY NAME OF PROPOSED CFON)

Signature of NRRTS Registrant x _____

(Proposed) corporate friend of NRRTS Information

CFON Primary Contact (name of individual) _____

Company Name _____ Corporate Telephone # _____

Company address _____ City/State/Zip _____

Primary Contact Email _____ Cell Phone _____

Rehab Products and Services Supplied (Circle Products & Services please)

Wheeled mobility Seating Alternative Positioning Augmentative Communication ADL Products

Other (please list) _____

Please provide name and contact information for the (5) complimentary Corporate Friends of NRRTS affiliations.

1. Name _____ Cell Phone _____ Email _____

2. Name _____ Cell Phone _____ Email _____

3. Name _____ Cell Phone _____ Email _____

4. Name _____ Cell Phone _____ Email _____

5. Name _____ Cell Phone _____ Email _____

Proposal will not be processed without signature of proposer, CFON primary contact and Date.

Name (please print) _____ Date Signed _____

Corporate Friend of NRRTS (CFON) applicant Signature _____

An annual renewal will be sent in January of each year to request updated published information about the organization and an update on its contribution to the rehab industry. Send completed form, payment of \$1500USD (NRRTS can invoice), high-resolution logo in JPEG (minimum of 300 dpi) aodom@nrrts.org.