



Corporate Friend of NRRTS (CFON) Application

A Corporate Friend of NRRTS (CFON) is a manufacturer involved in the rehabilitation technology industry that distribute its products through a dealer network. **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.**

— Corporate Friend of NRRTS Benefits —

- Five (5) complimentary FON affiliations
- CFON corporate logos and hot links to corporate CFON web sites on www.nrrts.org
- 20% discount on the purchase of NRRTS mailing list—either labels or electronically—limited to twice annually
- Reciprocal NRRTS information on advertising
- Free access to newsletter and www.nrrts.org to advertise educational seminars providing CEUs

Please print application. This form may be photocopied.

NRRTS Registrant (Sponsor) Information

NRRTS Registrant Name _____ Company Name _____

Phone _____ / _____ - _____ Fax _____ / _____ - _____ Email _____

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

Signature of NRRTS Registrant X _____

(Proposed) Corporate Friend of NRRTS Information

CFON Primary Contact (name of individual) _____

Company Name _____

Company Address _____ City/State/Zip _____

Website _____ Primary Contact Email _____

Company Phone _____ / _____ - _____ Ext. _____ Company Fax _____ / _____ - _____

Toll Free Phone _____ / _____ - _____ Ext. _____ Toll Free Fax _____ / _____ - _____

Rehab Products and Services Supplied: Wheeled Mobility Seating Alternative Positioning
 Augmentative Communication ADL Products Other (please list) _____

To be considered, educational offerings are REQUIRED. I certify that _____ sponsors or provides education related to the provision of seating and positioning. These educational opportunities qualify for and are made available to ATS, ATP, CRTS®, NRRTS®, RTS, consumers, funding agencies and any other rehab technology professional. (Excludes employee-only education training.) Yes No

List past and present year's offerings, their certification identification number and accrediting body. (Attach extra sheet if necessary.)



Corporate Friend of NRRTS (CFON) Application

Please print application. This form may be photocopied.

Please provide name, title, contact information & address (if different from page 1) of five (5) complimentary Corporate Friends of NRRTS affiliations.

1. _____ (CFON PRIMARY NAME) _____ (TITLE) _____ (ADDRESS - IF DIFFERENT FROM ABOVE)
 _____ / _____ - _____ (PHONE NUMBER) _____ / _____ - _____ (FAX NUMBER) _____ (EMAIL ADDRESS)

2. _____ (CFON ADDITIONAL) _____ (TITLE) _____ (ADDRESS - IF DIFFERENT FROM ABOVE)
 _____ / _____ - _____ (PHONE NUMBER) _____ / _____ - _____ (FAX NUMBER) _____ (EMAIL ADDRESS)

3. _____ (CFON ADDITIONAL) _____ (TITLE) _____ (ADDRESS - IF DIFFERENT FROM ABOVE)
 _____ / _____ - _____ (PHONE NUMBER) _____ / _____ - _____ (FAX NUMBER) _____ (EMAIL ADDRESS)

4. _____ (CFON ADDITIONAL) _____ (TITLE) _____ (ADDRESS - IF DIFFERENT FROM ABOVE)
 _____ / _____ - _____ (PHONE NUMBER) _____ / _____ - _____ (FAX NUMBER) _____ (EMAIL ADDRESS)

5. _____ (CFON ADDITIONAL) _____ (TITLE) _____ (ADDRESS - IF DIFFERENT FROM ABOVE)
 _____ / _____ - _____ (PHONE NUMBER) _____ / _____ - _____ (FAX NUMBER) _____ (EMAIL ADDRESS)

_____ agrees any dispute arising out of this application process shall be settled by arbitration.
NAME OF CFON BEING PROPOSED

_____ agrees to follow portions of the NRRTS Code of Ethics¹ which are applicable.
NAME OF CFON BEING PROPOSED

_____ certifies the above information is true and accurate.
NAME OF CFON BEING PROPOSED

PROPOSAL WILL NOT BE PROCESSED WITHOUT SIGNATURES OF PROPOSER, CFON PRIMARY CONTACT AND DATE.

Name (please print) _____ Date Signed _____

Corporate Friend of NRRTS (CFON) Applicant Signature _____

Note: An annual renewal will be sent prior to December 31 of each year to request updated published information about the organization and an update on its contribution to the rehab industry.

Return completed, signed form WITH PAYMENT OF \$1500.00 TO:
NRRTS • P.O. Box 863 • Trinidad, CO. 81082-2712 • 719-846-4229 • FAX 719-846-4462 • jdexter@nrrts.org

Send corporate logo to Amy Odom at aodom@nrrts.org.**

** Corporate logo must be supplied in .eps (preferred) or .tif format (approximately 3" sq. in size, 300 dpi, and in full color). You may send a CD to the NRRTS office or email your logo (preferred) to aodom@nrrts.org. NRRTS will use the logo on www.nrrts.org and related CFON printed material.