



# NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

## CORPORATE FRIEND OF NRRTS APPLICATION (CFON)

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
- Company logo listed in DIRECTIONS
- Right of First Refusal on Event Sponsorships

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 ATP, CRTS®, RRTS®, 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.)

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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 Ethics, 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 in January 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 • 5815 82nd Street, Suite 145, #317 • Lubbock, TX 79424 • 800-976-7787 • FAX 888-251-3234 • aodom@nrrts.org**  
**Send corporate logo to Amy Odom at aodom@nrrts.org.**

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