

## ALAPTA NEWSLETTER INFORMATION

**AUDIENCE:** The *fmo* is distributed to over 900 members, to include physical therapists, physical therapist assistants, and students of physical therapy. It is distributed electronically at least 6 times per year.

ADVERTISING RATES: Banner Ad – \$125 (1 x Insertion) \$325 (3 x Insertion)

ALL RATES ARE NON-COMMISSIONABLE

**REQUIREMENTS**: Graphics must be JPG or GIF format and must be scaled to be legible within the specified space. The ad can consist of a single graphic that incorporates images and text or a graphic image that is placed next to stand alone text. The ad will be hyperlinked to a single specified URL provided by the advertiser. Send the ad to <a href="mailto:Alabama@apta.org">Alabama@apta.org</a>.

**BILLING**: All Ads must be prepaid.

Please complete this order form and send your payment to: ALAPTA, 1055 N Fairfax Street, Suite 205, Alexandria VA 22314

## **DISCLAIMER:**

APTA is opposed, as a matter of health care policy, to arrangements under which sources of referral (including physicians) stand to profit from referring patients for physical therapy. The policy, adopted by the House of Delegates, states: "The American Physical Therapy Association opposes...participation in services that is in any way linked to the financial gain of the referral source." Financial Considerations in Practice (HOD 06-99-13-17). Because of this policy, the Alabama Physical Therapy Association does not accept job listings or advertisements for positions in a practice if any physician has a financial interest in the practice and refers patients to an employed physical therapist or to a physical therapist who supervises an employed physical therapist assistant.

\_\_\_\_\_\_\_(initial/date) I certify that no referral source (including a referral physician) has a financial interest in the practice that is the subject of this advertisement.

Payment Type: 

VISA 

MasterCard 

American Express 

Discover 

Check (Payable to ALAPTA)

Expiration Date:

Name on Card:

Signature:

Billing Address, if different from Shipping Address:

Company Name:

Contact Person:

Phone #:

E-Mail Address:\_\_\_\_\_\_