



ALAPTA NEWSLETTER INFORMATION - 2008

AUDIENCE: The *fmo* is distributed to over 790 members of the association which includes physical therapists, physical therapist assistants and students of the physical therapy and physical therapist assistant programs in Alabama. In addition, the newsletter goes to the APTA headquarters staff.

RATES:

| | |
|--|----------|
| Full Page (7 1/2 x 9 3/4) | \$275.00 |
| Half Page (7 1/2 x 4 1/2) | \$200.00 |
| Quarter Page (3 1/2 x 4 1/2) | \$125.00 |
| Eighth Page (card size) | \$80.00 |
| Classified or Cont. Education \$15/40 character line (min. of 3 lines) | |

DISCOUNT: A discount of 10% applies when a series of two (2) ads are purchased (prepaid) in advance. A 15% discount applies when a series of three (3) or more ads are purchased (prepaid) in advance.

REQUIREMENTS: Except for classifieds, ads should be submitted in the form of CAMERA READY ARTWORK.

BILLING: For ads not prepaid, invoices are mailed following publication, along with a copy of the newsletter and your space request. ALAPTA does not pay agency commissions.

SEND THE COMPLETED ATTACHED FORM AND ART WORK TO:

ALAPTA
Jay Jones, CWCP, Chapter Executive Officer
P.O Box 660551
Birmingham, Alabama 35266-0551
1.866.860.9277 or 205.978.3810
Fax 205.978.3193 or Email: jaypllx@bellsouth.net



ADVERTISING SPACE REQUEST

Please reserve space in the following **2008 fmo** issue(s):

| | |
|--------------------|------------------|
| Issue Date: | Deadline: |
| April | March 1 |
| July | June 1 |
| October | September 1 |

Company: _____

Approved by: _____ Date: ____/____/____

Address: _____

Contact Person: _____

If billing address is different, please print address here:

Ad Size:

| | |
|---|---|
| <input type="checkbox"/> Full Page (\$275) | <input type="checkbox"/> Eighth Page (\$80) |
| <input type="checkbox"/> Half Page (\$200) | <input type="checkbox"/> Classified (\$15/40 characters per line) |
| <input type="checkbox"/> Quarter Page (\$125) | <input type="checkbox"/> Continuing Education (\$15/40 characters/line) |

If classified ad: "The position advertised is not part of a referral for profit situation".

Signature: _____

PAYMENT METHOD: PRE-PAYMENT REQUIRED VISA MC Check Amt. Due: \$ _____

Name as it appears on card: _____

Card #: _____ Exp. Date: _____

Cardholder Signature: _____

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|---|
| Office Use Only: Date Received ____/____/____ Amount: _____ Check # _____ Amount: _____ |
|---|