

NDPTA WEB SPONSORSHIP ORDER FORM

SPONSOR (displayed on NDPTA Homepage): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

APTA is opposed, as a matter of health care policy, to arrangements under which sources of referral (including physicians and chiropractors) stand to profit from referring patients for physical therapy. The policy, adopted by the APTA House of Delegates, states: "The American Physical Therapy Association opposes . . . participation in services that are 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 NDPTA does not accept advertising from practices in which any referral source 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. Please verify you are not part of a referral source by placing your initials on the line below.

____ I certify that no physician or other referral source in this company has a financial interest in this practice and does not profit from referring patients to employed Physical Therapists.

SPONSORSHIP INFORMATION FOR THE NDPTA WEB PAGE:

A specially priced sponsorship rate of \$750 per year provides the sponsor with services worth \$2,260 including online advertising, classified ads, and acknowledgement at continuing education events. NDPTA webpage sponsors will receive a sponsor logo on the NDPTA home page with a link to the sponsor's home page, if applicable; recognition of the sponsor at all NDPTA-sponsored continuing education courses (\$50-100 value); and monthly web classified ad of 51-100 words (\$1200 value).

TITLE OF SPONSOR: _____

LINK TO WEBSITE AND LOGO: _____

MONTHLY CLASSIFIED:

Title of Ad (no greater than 10 words) _____

Body of job, classified, and/or continuing education ad (< or = 100 words)

Send a final copy of the ad attached to the form below OR send an electronic copy of the ¼ page ad to Alyson White at the address listed below:

TOTAL COST OF SPONSORSHIP: \$ 750.00

SPONSORSHIP EXPIRATION DATE (Month/Year): _____

Make checks payable to: NDPTA. Send to: North Dakota Physical Therapy Association, 501 North Columbia Road Stop 9037, Grand Forks, ND 58202-9037.

**PLEASE FAX, MAIL, OR SCAN AND E-MAIL THIS FORM TO THE NDPTA.
PLEASE E-MAIL ADVERTISEMENT TEXT TO alyson.white@med.und.edu.
Please use Microsoft Word (or similar program) and send ad content electronically. Please monitor word count.
All sponsorship content must be sent via e-mail.**

North Dakota Physical Therapy Association *501 North Columbia Road Stop 9037 *Grand Forks, ND 58202-9037*
Phone: 701-777-3873 *Fax: 701-777-4199 *E-mail: alyson.white@med.und.edu