

New Mexico Chapter

American Physical Therapy Association



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PRIME MOVER ADVERTISING ORDER FORM

INSTRUCTIONS

Please complete this order form and send your payment to:

NMAPTA, PO Box 327, Alexandria VA 22313 or newmexico@apta.org. Payment and ad copy should be submitted by the advertisement deadline. See below for ad submission instructions.

Advertiser: _____ Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

Signature of Advertiser: _____ Date: _____

PRICING

	1x Insertion Rate (Per Issue)	2x Insertion Rate
Banner Ad w/Link	_____ \$100	_____ \$175
		TOTAL: \$ _____

2011 PUBLICATION SCHEDULE

Issue	Ad Deadline
SPRING	May 7, 2011
FALL	November 8, 2011

AD SUBMISSION

Advertisements should be submitted by e-mail to newmexico@apta.org.

All banner ads will be posted in a space no larger than 175 pixels wide by 80 pixels high. Graphics must be JPEG 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.

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 New Mexico 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 Check (Payable to NMAPTA)

Credit Card Number: _____ **Expiration Date:** _____

Name on Card: _____ **Signature:** _____

Billing Address, if different from Shipping Address: _____