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**ADVERTISING ORDER FORM**

**INSTRUCTIONS**

Please complete this form circling choice(s) and e-mail to info@nmapta.org, pay by credit card online or mail a check to:

* **APTA New Mexico - 140B Purcellville Gateway Drive, Suite 120, Purcellville, VA 20132.**
* Ad copy should be submitted by the advertisementdeadline to info@nmapta.org.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Banner Advertising Posting Rates**

$150 for 1 month/issue $250 for 2 months/issues

**MAILING LIST PURCHASE - $150**

**INCLUDE YOUR AD IN AN UPCOMING BLAST EMAIL - $250**

**career center – post a job opening – click** [**here**](https://nmapta-jobs.careerwebsite.com/home/index.cfm?site_id=10915)

**AD SUBMISSION**

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, APTA New Mexico 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.**

**MAILING LIST AGREEMENT**

Mailing List Agreement: This acknowledges that the mailing list and any portions thereof are the exclusive property of APTA New Mexico. I agree and understand that all names and addresses furnished are provided for a one-time use only. I guarantee the names and addresses shall not be copied, reused, sold, electronically reproduced or used by any party except as specified in the written order. There is a NO RETURN POLICY on all mailing list orders.

Please read the Mailing List Agreement above prior to signing. All order forms must be signed. The undersigned has read and hereby agrees to observe all policies and regulations set forth in the Contract for purchasing a mailing list from APTA as described.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_