

Mailing List Order Form

****Copy of mailing material must be submitted to CPTA with order form****

CPTA Member
(10% discount)
Member #: _____

Business Partners of PT
Program Member
(3 free sets; 10% discount
thereafter)

CPTA District/SIG (50%
discount; free if electronic).
District: _____

Ad Ordered By:

Name _____

Address _____

Phone _____

Email Address _____

Insertion Order/PO# _____

Send Invoice To:

Name _____

Address _____

Phone _____

Email Address _____

Send Mailing List To:

Name _____

Address _____

Phone _____

Cost:
\$100 for 1,000 or
less records, there-
after \$0.10 per re-
cord, plus shipping if
self-adhering labels.
Minimum order of
\$100 is required.

The CPTA Board has adopted a policy governing the provision of services by the CPTA Office. A copy of the policy can be obtained from the CPTA. In order to process your request, the following information must be provided and agreement must be given to the provisions in Item G of the Policy.

Date Needed:

RUSH Order
(additional \$25)
Please allow 14 business days
from receipt of order for
processing. If date needed is
less than that of 14 business
days, a \$25 RUSH fee will
apply. RUSH orders
processed within five business

Purpose for which mailing list is requested:	Relationship to the profession of physical therapy:	Mailing list options:
<input type="checkbox"/> Educational course announcement <input type="checkbox"/> Equipment for sale <input type="checkbox"/> Lease of office space <input type="checkbox"/> Practice opportunity available <input type="checkbox"/> Other: _____ <small>*Final copy of mailing material must be submitted to CPTA with order form.</small>	<input type="checkbox"/> Accredited educational program <input type="checkbox"/> APTA <input type="checkbox"/> Provider of Chapter or APTA-sponsored member benefit program <input type="checkbox"/> PT equipment or supplies manufacturer, supplier, or dealer <input type="checkbox"/> Other: _____	Type: <input type="checkbox"/> Electronic list <input type="checkbox"/> Self-adhering labels Categories of members desired: <input type="checkbox"/> Physical Therapists <input type="checkbox"/> Physical Therapist Assistants <input type="checkbox"/> PT and PTA Students <input type="checkbox"/> Retired PTs and PTAs Area(s) desired (Map on pg 17): <input type="checkbox"/> Full state of California <input type="checkbox"/> District(s): _____ Sort by: <input type="checkbox"/> Zip code <input type="checkbox"/> Last name

Preferred Shipping Method:

Standard (priority mail)

FedEx (Your FedEx account #): _____

Email To (if electronic list): _____

I certify that no referral source (including any referring physician) has a financial interest in the practice that has the position that is the subject of this advertisement.

- Provisions:**
- A. The mailing will be the printed material provided to CPTA.
 - B. The labels will be used only for the emailing of this material, will be used only one time, and will not be copied or otherwise duplicated for any purpose, and will not be resold.
 - C. The mailing will not indicate endorsement or sponsorship by CPTA or in any other manner directly or indirectly indicate a relationship with CPTA without the express written approval from the Executive Director.

Note: Mailing lists include physical addresses. No refunds provided once order has been processed.

Signature _____ Date _____

DISTRICT MAP

Counties the Districts Encompass



For current membership counts per district, please contact Allison Wiesemann: awiesemann@ccapta.org, (800) 743-2782 x100