

Continuing Education Calendar Listing

CPTA Member
(10% discount)
Member #: _____

Business Partners of PT
Program Member
(10% discount)

Ad Ordered By:

Name _____

Address _____

Phone _____

Insertion Order/PO# _____

Send Invoice To:

Name _____

Address _____

Phone _____

Email Address _____

Course Description

Desired Run Time	
Start Date	<input type="checkbox"/> 30 Days
_____	<input type="checkbox"/> 45 Days
End Date	<input type="checkbox"/> 60 Days
_____	<input type="checkbox"/> 90 Days
	<input type="checkbox"/> 120 Days

Description Size:	Net Rate: (per 30 days)
Base Rate Block	\$75
150 Words or less	\$150
151-299 Words	\$200
300-500 Words	\$250

Links \$25 Each (Please Attach)
<input type="checkbox"/> Graphic/Logo
<input type="checkbox"/> Registration Form
<input type="checkbox"/> Website
<input type="checkbox"/> E-mail

Please print or type all information for Base Rate Block. Use a separate sheet for course description if desired in the advertisement.

Has an application for CEUs for this course been submitted to CPTA? Yes No

Course title: _____

Date(s): _____

Location: _____

Faculty names & titles: _____

Registration fees: \$ _____

How to register: _____

Description: See "Course Description" for pricing options

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.

Signature

Instructions:

Submit ad text electronically to awiesemann@ccapta.org; fax this order form to (916) 646-5960.

Do not send payment with order; you will be invoiced.

Provisions:

CPTA reserves the right to restrict, edit, or reject any requested ad according to the present or future policy of the CPTA Board. An excerpt of current policy is available upon request.