



SCHOOL PARTNER AGREEMENT

Commitment and all benefits awarded in Partner program are only valid for the fiscal year after enrolling. Due to high demand of our premier spots, our partner packages and placement of advertisements in newsletters and our website are limited to a first come, first serve basis. Specifications of logos and graphic art are outlined in IPTA's Electronic Design Guidelines.

Advertisements are accepted when they conform to the ethical standards of the American Physical Therapy Association (APTA). The Illinois Physical Therapy Association (IPTA) does not verify the accuracy of claims made in advertisements, and publication of an ad does not imply endorsement of IPTA or APTA. Acceptance of ads for professional development courses does not imply review or endorsement by the Illinois Physical Therapy Association, the American Physical Therapy Association, or the American Board of Physical Therapy Specialties.

The IPTA reserves the right to amend any of these conditions without notice, in correlation with policies and procedures set in place by the APTA, IPTA Board of Directors and Assembly of Representatives.

Upon receipt, you will be contacted by Chapter staff to establish and finalize the partnership that you have chosen.

PT/PTA Program Name: _____

Address: _____

Primary Contact Name & Title: _____

Email Address: _____

Web Address: _____ Phone: _____

Our organization wishes to participate for term 01/01/19-12/31/19

Pledged Contribution: PT SCHOOL PARTNER \$ 500 PTA SCHOOL PARTNER \$ 250

Registration & Payment will be processed in the order received and can be submitted to IPTA via fax (630) 904 - 0102, mailed to 905 N. Main Street, Naperville, IL 60563 or emailed to ipta@ipta.org.

Payment Method: Check (payable to IPTA) VISA Amex MasterCard Discover

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

PAYMENT OPTIONS:

Pay in Full 2 installments (Jan 15th & July 15th) 4 installments (Jan 15th, Apr 15th, July 15th, Oct 15th)

I agree to the terms and conditions of this agreement and agree to pay the fees associated with the IPTA Partner Program as described.

Date: _____ Signature: _____