



## ORDER FORM

Total Payment: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web: \_\_\_\_\_

### Type of Advertisement

\_\_\_\_ Job Listing      \_\_\_\_ E-Newsletter      \_\_\_\_ Mailing Labels

\_\_\_\_ Website banner (please indicate your banner type comments area)

\_\_\_\_ Sponsorship (please indicate which opportunity in the comments area)

Other/Comments:

### Payment:

- Check made payable to the ***Delaware Physical Therapy Association***
- Credit Card – If you would like to pay by credit card, please email us a copy of this form. We will then call you to collect payment information. Please provide us with the best phone number to reach you one

Phone: \_\_\_\_\_



Disclaimer- Physician Owned Practices

Because of this APTA's policy against arrangements under which sources of referral (including physicians) stand to profit from referring patients for physical therapy (Financial Considerations in Practice, HOD 06-99-13-17), the Delaware Physical Therapy Association does not accept job listings for positions and education courses 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. Any questions involving this requirement may be directed to [delaware@apta.org](mailto:delaware@apta.org).

By advertising on our website, you 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 your advertisement.

\_\_\_ I Agree

**Return to:** Delaware Chapter, APTA  
Executive Office  
1055 North Fairfax Street, Ste 205  
Alexandria, VA 22314  
Phone: 800/999-2782, ext. 3159