



MAILING LABEL ORDER FORM

COST

Members: \$70.00 plus \$5.00 shipping & handling

Non-members: \$100 plus \$15.00 shipping & handling

SEND LABELS TO:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

SEQUENCE: Numeric Zip _____ Alphabetic _____

GEOGRAPHIC AREA DESIRED: Full State _____

East Districts: Chattanooga _____ Knoxville _____ TriCities _____

West Districts: Memphis _____ Jackson _____

Middle District: Nashville _____ Upper Cumberland _____

CLASSIFICATION: (Categories are PTs, PTAs, PT students, PTA students)

_____ All (includes full state current members-all categories – approx. 2200 addresses)

PTs only _____ PTAs only _____ Students only _____

PAYMENT INFORMATION

Credit Card #: _____ Exp: _____ CVC Code: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Signature: _____

GUIDELINES FOR USAGE OF LABELS

1. Please submit a copy of materials that will be mailed using these labels.
2. Please do not make a reference to APTA TN in your mailing piece unless your course has been approved for continuing education by APTA Tennessee.

PLEASE RETURN ORDER FORM, PAYMENT AND SAMPLE TO: (Email, Fax, or Mail)

APTA Tennessee

1483 N Mt. Juliet Road, #175

Mt. Juliet, TN 37122

Email: tpta@tptatn.com

Fax: 615.296.9980

Office: 629.255.0870

All advertisements must conform to the ethical standards and policies of the American Physical Therapy Association (APTA) and the Tennessee Physical Therapy Association (TPTA). The TPTA reserves the right to decline any advertisement submitted for publication on the TPTA website, in Volunteer Voice, or in any other TPTA publication, production, or presentation.

PLEASE NOTE:

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, TPTA does not provide mailing labels to 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. To complete your submission, you must make the following certification by checking the "I agree" box below:

"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."

_____ **I AGREE** **SIGNATURE** _____ **DATE** _____