

## EVENT DETAILS:

<b>EVENT TITLE</b>	<input type="text"/>		
<b>START DATE</b>	<input type="text"/>	<b>END DATE</b>	<input type="text"/>
<b>LOCATION (EX: HOTEL)</b>	<input type="text"/>		
<b>CITY</b>	<input type="text"/>	<b>PROVINCE</b>	<input type="text"/>
<b>DETAILS</b>	<input type="text"/>		
<b>WEBSITE</b>	<input type="text"/>		

## INSERTION ORDER:

<b>START DATE</b>	<input type="text"/>	<input type="text"/>
	ASAP	OR ON THIS DATE

SELECT ONE OF THE FOLLOWING **OPTIONS:**

<b>MEMBER* STANDARD</b>	<b>MEMBER* COMBINATION</b>	<b>COMMERCIAL STANDARD</b>	<b>COMMERCIAL COMBINATION</b>
<b>\$215</b>	<b>\$1050</b>	<b>\$380</b>	<b>\$1095</b>
30-DAY EVENTS WEB LISTING PLUS A LISTING IN CPA'S PROFESSIONAL DEVELOPMENT E-NEWSLETTER (\$160 PER ADDITIONAL 30-DAY PERIOD)	30-DAY EVENTS WEB LISTING PLUS A LISTING AND A MID-SIZED BOX AD IN CPA'S PROFESSIONAL DEVELOPMENT E-NEWSLETTER	30-DAY EVENTS WEB LISTING PLUS A LISTING IN CPA'S PROFESSIONAL DEVELOPMENT E-NEWSLETTER (\$215 PER ADDITIONAL 30-DAY PERIOD)	30-DAY EVENTS WEB LISTING PLUS A LISTING AND A MID-SIZED BOX AD IN CPA'S PROFESSIONAL DEVELOPMENT E-NEWSLETTER

<input type="text"/>	<input type="text"/>
MEMBER NAME	MEMBER ID

TO QUALIFY FOR THE MEMBER RATE, YOU MUST BE ADVERTISING YOUR INDIVIDUAL PROFESSIONAL INTERESTS, I.E. THE CLINIC OWNER IS A CPA MEMBER. PRACTICES NOT OWNED BY THE APPLYING PHYSIOTHERAPIST MEMBER DO NOT QUALIFY FOR THE MEMBER DISCOUNT. COMPLETE THIS SECTION TO INDICATE YOUR UNDERSTANDING OF THESE TERMS.

## BILLING INFORMATION:

<b>BILLING NAME</b>			
<b>ADDRESS</b>			
<b>CITY</b>		<b>PROVINCE</b>	
<b>POSTAL CODE</b>			
<b>EMAIL</b>			
<b>PHONE</b>			
<b>PAYMENT TYPE</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> CHEQUE <input type="checkbox"/> PURCHASE ORDER
<b>CREDIT CARD #</b>			
<b>NAME ON CARD</b>			
<small>CHARGES WILL APPEAR ON YOUR CREDIT CARD STATEMENT AS THE CANADIAN PHYSIOTHERAPY ASSOCIATION. CHEQUES ARE PAYABLE TO THE CANADIAN PHYSIOTHERAPY ASSOCIATION.</small>		<b>EXPIRY</b>	
<b>SIGNATURE</b>		<b>TODAY'S DATE</b>	

# THANK YOU!

PLEASE SUBMIT COMPLETED FORMS TO [ADVERTISING@PHYSIOTHERAPY.CA](mailto:ADVERTISING@PHYSIOTHERAPY.CA)

PLEASE ALLOW **3** BUSINESS DAYS AFTER PAYMENT FOR  
THE INITIAL EVENTS WEB LISTING TO APPEAR.

[ADVERTISING@PHYSIOTHERAPY.CA](mailto:ADVERTISING@PHYSIOTHERAPY.CA) | 1-800-387-8679

955 GREEN VALLEY CRESCENT, SUITE 270 | OTTAWA, ONTARIO | K2C 3V4