



BUSINESS PARTNERS OF PHYSICAL THERAPY

As a Business Partner of Physical Therapy, you'll have direct access to more than 6,000 physical therapy professionals throughout the state of California. Sign up now and receive more than \$2,900 in direct benefits for only \$800!

DIRECT BENEFITS*

- ★ Three sets of mailing labels of the entire CPTA membership (\$1,800 value)
- ★ Quarter-page ad in one issue of the CPTA newsletter, PT Interventions (\$525 value)
- ★ A banner ad in one edition of California PT Notes (\$100 value)
- ★ Inclusion in an annual Business Partners edition of California PT Notes - 50 word company description sent in June (\$50 value)
- ★ A premier front-page link to your company on CPTA's website (\$350 value)
- ★ A subscription to CPTA's newsletter, PT Interventions (\$50 value)
- ★ Recognition as a Business Partner of Physical Therapy in one issue of CPTA's newsletter, PT Interventions (\$50 value)
- ★ Recognition as a Business Partner of Physical Therapy in CPTA's Annual Conference Program (\$50 value)

INDIRECT BENEFITS

- ★ Frameable certificate recognizing your status as a Business Partner of Physical Therapy
- ★ Recognition as a Business Partner of Physical Therapy in the Exhibit Hall at the CPTA Annual Conference
- ★ Business Partner of Physical Therapy ribbon to wear at the CPTA Annual Conference

DISCOUNTS

- ★ 10% discount on label orders
- ★ 10% discount on all CPTA advertising (including the CPTA Career Center)
- ★ 10% discount on booth rental at the CPTA Annual Conference

The annual fee to join Business Partners of Physical Therapy is only \$800. CPTA is constantly working to provide more benefits and services to its members and partners. That's why we're confident that you won't be disappointed with our offer.

*All benefits must be claimed within the subscription year.



Receive **10%** off your booth rate at the CPTA Annual Conference when you join our **Business Partners of Physical Therapy Program!**

SIGN ME UP FOR THE BUSINESS PARTNER'S PROGRAM

Company: _____ Website Address: _____

Address: _____ City: _____ ST _____ ZIP: _____

Phone: _____ Fax: _____

E-mail Address: _____

Method of Payment: Check VISA/MC AMEX DISCOVER

Credit Card #: _____ Exp. _____ CVC# _____

Signature _____ Print Name: _____

Billing Address _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:

California Physical Therapy Association
1990 Del Paso Road, Sacramento, CA 95834
(800) 743-2782 or FAX (916) 646-5960

