

Oncology Section Web Advertising Order Form

www.oncolgypt.org

Advertisements will be placed on the left side of the webpage in the "Site Sponsors" area. All ads may be linked to another webpage. You may select one or more of the following placements for your ad. All ads are placed on the website at the sole discretion of the Oncology Section Board of Directors.

Instructions for submitting an ad:

- Submit this form to: oncology@apta.org, fax: 703/706-8575, phone: 800/999-2782 x8564. Be sure to read the disclaimer below and check "I agree."
- E-mail your correctly-sized ad to oncology@apta.org. We can accept files in JPG, GIF, SWF, FLA, AI, EPS, or PDF. Graphic design services are available from our provider at a cost of \$50/hr (typical ad is 2-4 hours) and the ad becomes your property. The ad will be removed at the end of the payment period unless you renew the service by submitting another order form. The month begins on the day the ad is posted. Your credit card will be billed upon receipt of this form.

Placement on any single page of the site except for the Homepage (index.cfm) and log-in page:	Size of ad (Height x Width)	Cost	# of months requested
		115 x 115px	\$50 per month
	230 x 115px	\$90 per month	

Placement on the Homepage (index.cfm):	Size of ad (Height x Width)	Cost	# of months requested
		115 x 115px	\$60 per month
	230 x 115px	\$100 per month	

Placement on the member log-in page (this page gets the most hits, and visitors are most likely to be Oncology PTs):	Size of ad (Height x Width)	Cost	# of months requested
		115 x 115px	\$80 per month
	230 x 115px	\$120 per month	

Oncology Section Members receive a \$15/month discount. Just give your member number: _____

TOTAL: \$ _____

Advertiser: _____

Contact Person: _____

Address: _____

Phone: () _____

City, State, Zip: _____

E-Mail: _____

URL for Ad: _____

Date ad should be posted: _____ (Please submit this form 1-2 weeks in advance whenever possible.)

If your ad must be posted urgently, please contact 800/999-2782 x8564 after submitting this form.)

Credit Card #: _____ Exp: _____ Type: VISA, MasterCard, AMEX

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 Oncology Section does not accept job listings for positions 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 oncology@apta.org. **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: _____