EVENT LISTING





EVENT **DETAILS**

EVENT TITLE

START DATE

START TIME

LOCATION (EX: HOTEL)

CITY

DETAILS

HOSTED BY

END DATE

END TIME

INSTRUCTOR (IF APPLICABLE)

PROVINCE

WEBSITE

NOV 8

INSERTION ORDER

START DATE

\$300

\$400

\$500

ASAP

OR ON THIS DATE

- SELECT ONE OF THE FOLLOWING OPTIONS: -

COMMERCIAL STANDARD

30 DAYS

60 DAYS

90 DAYS

DEVELOPMENT

E-NEWSLETTER

EVENTS WEB LISTING

CPA'S PROFESSIONAL

PLUS A LISTING IN

COMMERCIAL COMBINATION

\$950

30 DAYS

MEMBER* STANDARD

30 DAYS \$200

60 DAYS \$300

90 DAYS \$400

COMMERCIAL STANDARD PLUS A MID-SIZED BOX AD IN CPA'S PROFESSIONAL DEVELOPMENT E-NEWSLETTER SENT MONTHLY TO OVER 15,000 MEMBERS

EVENTS WEB LISTING PLUS A LISTING IN CPA'S PROFESSIONAL DEVELOPMENT E-NEWSLETTER

MEMBER* COMBINATION

> 30 DAYS \$850

MEMBER STANDARD PLUS A

MONTHLY TO OVER 15,000

E-NEWSLETTER SENT

MEMBERS

MID-SIZED BOX AD IN CPA'S

PROFESSIONAL DEVELOPMENT

FEATURED LISTING AVAILABLE FOR AN ADDITIONAL \$100/MONTH LIMITED AVAILABILITY - PLEASE CLICK HERE TO INQUIRE

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 QUALITY FOR THE MEMBER DISCOUNT. COMPLETE TH IS SECTION TO INDICATE YOUR UNDERSTANDING OF THESE TERMS.



EVENT LISTING



BILLING INFORMATION				
BILLING NAME				
ADDRESS				
СІТҮ				
PROVINCE			POSTAL CODE	
E-MAIL				
PHONE				
PAYMEN	NT INFORMAT	ION		
PAYMENT TYPE	VISA	МС	AMEX	
CREDIT CARD #				CVV
NAME ON CARD				
CHARGES WILL APPEAR ON YOUR CR CANADIAN PHYSIOTHERAPY ASSOCIA			EXPIRY	
SIGNATURE			TODAY'S DATE	
THANK YOU!				

PLEASE SUBMIT COMPLETED FORMS TO: ADVERTISING@PHYSIOTHERAPY.CA

PLEASE ALLOW UP TO ${f 3}$ BUSINESS DAYS AFTER PAYMENT FOR YOUR EVENTS WEB LISTING TO APPEAR.

