

# COURSE AND EVENT LISTING

Visit the Course and Event Webpage



## COURSE AND EVENT DETAILS

- EVENT TITLE**
- START DATE**  
(dd/mm/yyyy)
- START TIME**  
(provide time zone)
- LOCATION**  
(EX: HOTEL)
- CITY**
- DETAILS**
- WEBSITE**  
(link to course)

- HOSTED BY**
- END DATE**
- END TIME**
- INSTRUCTOR**  
(IF APPLICABLE)
- PROVINCE**
- DIVISION**  
(IF APPLICABLE)

Please attach a Word document with the listing details as you'd like them to appear.



## INSERTION ORDER

### START DATE

#### SELECT ONE OF THE FOLLOWING OPTIONS:

- **Listings** appear on the Course and Event webpage, which is also linked in the monthly e-newsletter, What's Moving.
- **Featured listings** appear at the top of the webpage and cannot be purchased on their own; they are an add-on to standard listings.
- **Combination Listings** include the listing and a 300 x 250 px ad in the newsletter

COMMERCIAL STANDARD	COMMERCIAL COMBINATION	MEMBER* STANDARD	MEMBER* COMBINATION
<input type="checkbox"/> 30 DAYS <b>\$300</b>	<input type="checkbox"/> 30 DAYS <b>\$950</b>	<input type="checkbox"/> 30 DAYS <b>\$200</b>	<input type="checkbox"/> 30 DAYS <b>\$850</b>
<input type="checkbox"/> 60 DAYS <b>\$400</b>		<input type="checkbox"/> 60 DAYS <b>\$300</b>	
<input type="checkbox"/> 90 DAYS <b>\$500</b>		<input type="checkbox"/> 90 DAYS <b>\$400</b>	
	<b>FEATURED COMMERCIAL LISTING</b>		<b>FEATURED MEMBER LISTING</b>
	<input type="checkbox"/> 30 DAYS <b>\$125</b>		<input type="checkbox"/> 30 DAYS <b>\$100</b>

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.

ADVERTISING@PHYSIOTHERAPY.CA  
1-800-387-8679



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## BILLING INFORMATION

BILLING NAME

ADDRESS

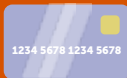
CITY

PROVINCE

POSTAL CODE

E-MAIL

PHONE



## PAYMENT INFORMATION

PAYMENT TYPE

VISA

MC

AMEX

CREDIT CARD #

CVV

NAME ON CARD

CHARGES WILL APPEAR ON YOUR CREDIT CARD STATEMENT AS CANADIAN PHYSIOTHERAPY ASSOCIATION.

EXPIRY

SIGNATURE

TODAY'S DATE

# THANK YOU!

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

PLEASE ALLOW UP TO **3** BUSINESS DAYS AFTER PAYMENT FOR  
YOUR EVENTS WEB LISTING TO APPEAR.

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



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