

WPTA Advertising Partner Request Form

Facility name _____

Facility address _____

Requested by/contact name: _____

Phone _____ Fax _____ E-mail _____

is requesting up to 50% reimbursement for an advertising partnership and meets the following criteria for the WPTA partnership program for advertising:

- ✍ 100% APTA/WPTA membership for all facilities
- ✍ Promotes physical therapy positively and is consistent with APTA/WPTA standards.
- ✍ Includes the following in no less than 30% of the body/content of ad:
 - 1 wpta.org
 - 2 866-FOR-MYPT
 - 3 866-367-6978
 - 4 Who's YOUR Physical Therapist?

Newspaper or other print advertising

Publication: _____

of runs: _____

Size of ad: _____

Circulation numbers: _____

Areas (cities) covered: _____

Cost _____

Billboards

Name of agency: _____

of billboards: _____

Type of billboard: _____

Location of billboard: _____

Length of time board will appear: _____

Cost _____

Radio or television

Call letters of station _____

Number of spots _____

Time of day aired _____

Numbers of listeners _____

Cost _____

Please direct all questions to Karen Oshman at the Chapter Office at (608)221-9191 or e-mail wpta@wpta.org.

FAX completed form and proposed ad to: **715-365-5258 (Tim Thorsen) and 608-221-9697 (Karen Oshman)** or mail to WPTA at 4781 Hayes Road #201Madison, WI 53704. Please note: Working with the PR Team is suggested **PRIOR** to running advertisement to assist in any communication and reimbursement. A copy of the actual ad/media must be submitted with reimbursement request.