



# American Physical Therapy Association of New Jersey

1100 U.S. Highway 130, Suite 3

Robbinsville, NJ 08691-1108

Telephone: (609) 208 0200 – Fax: (609) 208 1000

## MAILING LIST RENTAL ORDER FORM

### LIST INFORMATION

Our one-time-use mailing list includes approximately 2,200 member names. Our members are physical therapists (PT), physical therapist assistants (PTA), and students in accredited PT & PTA programs, who are members of the American Physical Therapy Association (APTA) and who belong to the New Jersey Chapter (i.e., APTAnj). Addresses may be either a business or home address, at the member's preference. We do not provide telephone/fax numbers or email addresses. Mailing list rentals are limited to products and services of interest to physical therapy professionals and appropriate continuing education programs.

### FORMAT

- **Peel & Stick Labels**
- **Electronic List:** an **electronic list** may be requested if it can be sent via email *directly from APTAnj to a bonded, commercial printing company*. A representative from the printing company must also sign an agreement that will be provided by APTAnj to abide by the mailing list rental terms and conditions. *The S/H Fee will be waived for this delivery method.*

### PRICING

- **Full List** (approx 2,200 addresses) • **\$440 + S/H Fee**
- **APTA Member Discounted Rate** for full list • **\$360 + S/H Fee**
- **Segmented Sorts** using one of 3 geographic districts OR by membership category (i.e., PT, PTA or Student) • **25 cents per address** (\$50 minimum) + **S/H Fee**. *NOTE: A \$50 minimum applies to all segmented sorts; this minimum does not include S/H fee.*

### SHIPPING & HANDLING FEE

- **S/H Fee • \$30 per order**

Orders are usually processed and mailed within 3 - 5 business days of receipt of your complete order.

### PAYMENT TERMS

You may pay by check or credit card. Purchase orders are not accepted. Orders must be paid in advance.

### ORDERING REQUIREMENTS

To place an order, complete, sign and return this 2-page form, accompanied by a sample mailing piece and payment in full. **A sample of the piece to be mailed must accompany your request** or your order will not be processed. APTAnj reserves the right to reject any mail piece that does not conform to the standards, principles and policies of the Association including, but not limited to, "Financial Considerations in Practice, HOD 06-99-13-17 (Program 19, Government Affairs Dept.)." A copy of this policy may be provided upon reasonable request.

### LIMITATIONS

The APTAnj mailing list is the exclusive property of APTAnj and is rented for **ONE TIME USE ONLY**. APTAnj takes appropriate measures to detect unauthorized use. Any reuse, reproduction, redistribution or recording of the information in the list is prohibited and will result in a \$440 charge for each unauthorized use, regardless of the original list size.

Your ONE-TIME-USE MAILING LIST RENTAL ORDER may be rejected for continuing education courses or forums that are scheduled on the same dates as APTAnj educational programming or are timed to detract from APTAnj continuing education offerings, conferences or meetings.

There may be no reference to the APTAnj in any mailing material without prior written consent of the APTAnj. The APTAnj reserves the right to approve requests for use of labels, but in no way does use of such imply endorsement by APTAnj or APTA.

### ELIGIBILITY

The following are eligible to use the APTAnj mailing list:

- Commercial organizations whose products are eligible for advertising in APTA or APTAnj publications

- Nonprofit or philanthropic organizations, such as recognized and accredited schools and national foundations
- Recognized and reputable health organizations
- Persons or organizations that provide continuing education for PTs and PTAs
- APTAnj or APTA members for promotional needs on a case-by-case basis

**Those in a referral-for-profit situation are not eligible to rent the APTAnj mailing list. Recruiters must divulge the name of their client for whom they are representing.**

Non-compliance with the "Financial Considerations in Practice" policy may, at the sole discretion of the APTAnj Executive Director, result in the rejection of the ONE-TIME-USE MAILING LIST RENTAL ORDER, either before or after initial acceptance. No refunds shall be granted in such cases. Purchaser understands and accepts these terms and has executed and returned the attached Certification to signify same.

The attached Certification must be fully executed and returned at the time of request. Purchaser waives all rights to contest APTAnj's decision, which shall be final. Purchaser's ONE-TIME-USE MAILING LIST RENTAL ORDER represents consent to APTAnj to make reasonable inquiry and investigation regarding Purchaser's compliance with APTA policies. These one-time-use mailing labels are the exclusive property of APTAnj.

**For more information or to receive a quote for part of our mailing list, please contact: (609) 208 0200 ext 100 or email [studio@aptanj.org](mailto:studio@aptanj.org).**

Request for	<input type="checkbox"/> Full List	OR	<input type="checkbox"/> Segmented Sort:
_____			
_____			
_____			



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Geographic Districts	...which include these New Jersey Counties
Northern District	All members in Bergen, Essex, Hudson, Morris, Passaic, Sussex & Warren Counties.
Central District	All members in Hunterdon, Mercer, Middlesex, Monmouth, Somerset, & Union Counties.
Southern District	All members in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean & Salem Counties

### CERTIFICATION

APTA is opposed, as a matter of health care policy, to arrangements under which sources of referral (including physicians) stand to profit from referring patients for physical therapy. The policy, adopted by the APTA House of Delegates, states: "The American Physical Therapy Association opposes ... participation in services that is in any way linked to the financial gain of the referral source." Financial Considerations in Practice (HOD 06-99-13-17).

Because of this policy, APTAnj does not accept requests for mailing labels for employment positions 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. To complete your request for mailing labels, you must make the following certification by signing below:

*" I agree to the terms above regarding the use of APTAnj mailing labels and certify that no referral source (including any referring physician) has a financial interest in the practice that has the position of employment or service that is the subject of this advertisement. I have also read and agree to the Limitations listed on page 1, including the fact that this Mailing List Rental is for a one-time-use."*

\_\_\_\_\_  
Signature of Purchaser

\_\_\_\_\_  
PRINT Name & Date

### CONTACT INFORMATION

APTA membership # \_\_\_\_\_

Company/Organization \_\_\_\_\_ Contact Name (print) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Address City State ZIP

Email Address: \_\_\_\_\_ Contact Day Phone \_\_\_\_\_

Website Address: \_\_\_\_\_ If Recruiter, Name of Client: \_\_\_\_\_

### METHOD OF PAYMENT

Check # \_\_\_\_\_ Make check payable to: "APTANJ"

Total Amount \$ \_\_\_\_\_  
*Be sure to include S/H Fee if applicable*

OR Credit Card:  Visa  MasterCard  Discover

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date 3-digit Security Code (on back of card)

\_\_\_\_\_  
PRINT Cardholder's Name

\_\_\_\_\_  
Cardholder's Signature

Billing Address for credit card (MUST include ZIP code)  check box if same as mailing address.

**Mail this completed form, payment and sample of the item to be mailed to APTAnj, 1100 U.S. Highway 130, Suite 3, Robbinsville, NJ 08691-1108 or fax to (609) 208 1000. Thank you.**