



Mailing List Order Form

Name: _____

Company: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Payment: Check* Visa MasterCard AmEx

Price: \$300

Format: Email with Excel File

(*Please make checks payable to **Virginia Physical Therapy Association**)

Orders will not be processed without pre-payment

Credit Card Number: _____ Exp. Date: _____

Print Name of Cardholder: _____

Cardholder Signature: _____ Billing zip code: _____

Mail Completed Form to:

VPTA
PO Box 327
Alexandria, VA 22313
Fax 703/706-8575
Phone: 800/999-2782, ext. 3235

OR Email to vpata@apta.org

Mailing Label Agreement:

This acknowledges that the mailing list and any portions thereof are the exclusive property of the Virginia Chapter, APTA. I agree and understand that all names and addresses furnished are provided for a **one-time use only**. I guarantee the names and addresses shall not be copied, reused, sold, electronically reproduced or used by any party except as specified in the written order.

There is a **NO RETURN POLICY** on the mailing list.

Please read the Mailing List Agreement above prior to signing. All order forms must be signed. The undersigned has read and hereby agrees to observe all policies and regulations set forth in the contract for purchasing mailing lists from the Virginia Chapter, APTA as described.

Signature: _____ Date: _____

Print Name: _____