APTA Orthopedics
Partner Program

Application

Name: _____

Business Affiliation/Institution: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____

Phone: _____ Email: _____

Visa/MC/AmEx/Disc: _____ Exp: _____

CVV: _____ Signature: _____

Date: _____

APTA Orthopedics Partners are welcome to join any of our 7 Special Interest Groups at no additional charge:

_____Occupational Health
_____Foot & Ankle
_____Pain
_____Performing Arts
_____Imaging
_____Animal PT
_____Residency/Fellowship

How did you find out about the APTA Orthopedics Partner Program?

_____

Email form to: tfred@orthopt.org
If mailing check or money order:
APTA Orthopedic, APTA, Inc.
2920 East Avenue South, Suite 200
La Crosse, WI 54601
608-351-2788