



Michigan Physical Therapy Association

MPTA Mailing List Rental Order Form

List Rental Information

The MPTA member list includes names and mailing addresses of MPTA members, at either a business or home address. MPTA does not offer telephone numbers, fax numbers or email addresses. Lists are rented for one-time use only. Any reuse, reproduction, redistribution, or recording of the information provided on a list is prohibited. MPTA reserves the right to reject any proposed mailing that does not conform to the standards, principles, and ethics of the Association.

Place Order

To place an order, complete the order form; read and sign both sections of the MPTA Mailing List Rental Agreement; and submit both pages to MPTA. Submit your order form via:

- Email: mpta@mpta.com Indicate "MPTA List Rental Order" in the subject line of your email. Please note that the mailing list cannot be provided until payment is received. Payment can be made online at mpta.com – see below.
- Mail: MPTA, 1055 North Fairfax St. Suite 205, Alexandria, VA 22314 (Make check payable to MPTA.)

Questions: MPTA staff will be happy to assist you with an order. You can call the MPTA office at 1-800-765-7848 x7119 or send an email to mpta@mpta.com .

Delivery

Advance payment is required before orders are shipped. Once payment has been processed, an electronic file will be sent via email within two business days.

List Options

Include the following member types:

- Physical Therapist (PT)
- Physical Therapist Assistant (PTA)
- PT/PTA Student
- All Categories

Sort by:

- Member Type
- Zip Code
- County
- Alphabetical by Last Name

Company Information

Contact Name	
Title	
Company	
Street Address	
City, State, Zip	
Phone #	
Email	
Signature	

Payment

- \$200 One Time Use Electronic Delivery

Payment Method

- Please Invoice
- Check Enclosed
- Check Following in Mail
- Credit Card

Credit Card Payments: Please contact the MPTA office at 1-800-765-7848 x7119 to make a credit card payment or submit payment information online at www.mpta.com – go to About Us and select advertisers.

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Rental Agreement

As a renter of the Michigan Physical Therapy (MPTA) mailing list (Company Name), agrees that this order constitutes a **one-time only use** of the mailing list and will not reuse, disclose, transfer, reproduce, or duplicate the list in any form. The list renter acknowledges that the list and its contents are the exclusive property of MPTA. User shall not at any time permit any MPTA list information to pass into the hands of any other person, association, organization, company or other entity without the prior written approval of MPTA. The list renter agrees that it will use the list only to accomplish a single mailing for the purpose specified in this agreement.

Purpose of Mailing/Product or Service Promoted:

Name (print):

Title:

Signature:

Date:

Referral-for-Profit Agreement

MPTA will not process an order unless the purchaser has read the provisions below and has agreed to all terms, has indicated agreement by checking the “I agree” box, and has signed and dated and submitted this agreement along with the order form.

Michigan Physical Therapy Association (MPTA) follows the American Physical Therapy Association (APTA) position on potential referral for profit. 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 House of Delegates, Financial Considerations in Practice (HOD 06-99-13-17) states: “The American Physical Therapy Association opposes participation in services that is in any way linked to the financial gain of the referral source.” Because of this policy, MPTA does not accept list rental orders from an organization or individual in a practice 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 submission to MPTA, you must make the following certification by checking the “I agree” box below: “I certify that no referral source (including any referring physician) has a financial interest in the practice that has the position that is the subject of this list rental request.” Please note that if you agree to this statement, you may be asked to provide conclusive documentation as to the ownership of the facility, the identity of its employees, and the referral patterns of such owners and/or employees. If MPTA in the future discovers that any referral source has a financial interest in your facility (as owner and/or employee), any orders or agreements with MPTA will be cancelled immediately, with no refund of payment.

I agree.

Name (print):

Title:

Signature:

Date:
