



# Physical Therapy Association of Georgia (PTAG) Label Order Form & Usage Agreement



	List Type	Unit Price	Total
	PTAG has over 2,300 members (varies by month) comprised of 62% PTs, 7% PTAs and 31% students.		
<input type="checkbox"/>	All Active Members (PTs, PTAs & Students)	\$200.00	
<input type="checkbox"/>	All PTs	\$150.00	
<input type="checkbox"/>	All PTAs	\$25.00	
<input type="checkbox"/>	All Students	\$40.00	
<input type="checkbox"/>	By District (with what type from selected district) <input type="checkbox"/> All <input type="checkbox"/> PTs <input type="checkbox"/> PTAs <input type="checkbox"/> Students		
	<input type="checkbox"/> District 1: Southwest Corner <input type="checkbox"/> District 2: Southeast Corner <input type="checkbox"/> District 3: Columbus Area <input type="checkbox"/> District 4: Macon Area/Central GA <input type="checkbox"/> District 5: Augusta Area <input type="checkbox"/> District 7: South Atlanta <input type="checkbox"/> District 8: Northwest Corner <input type="checkbox"/> District 9: Northeast Corner	\$20.00	
<input type="checkbox"/>	District 6: Metro Atlanta <input type="checkbox"/> All <input type="checkbox"/> PTs <input type="checkbox"/> PTAs <input type="checkbox"/> Students	\$80.00	
		<b>Label Order Subtotal</b>	
		Postage & Handling	\$7.00
		Same Day Processing	\$25.00
		<b>Total</b>	

**Ship to:**

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Content of Mailing: \_\_\_\_\_

- Select One:     Non-profit organization     Health organization     Public relations/advertising firm  
 College/University     Commercial company     Health professional recruit

*By purchasing and signing this agreement, the undersigned will adhere to the following conditions:  
Labels will be 1"x2 5/8" physical product, not electronic. Labels will be sent via USPS. Labels will be used for the purpose for which they were approved. Labels will not be duplicated or resold. Pre-payment will be provided. Seven days will be allowed for processing. Non-compliance will disqualify the undersigned from receiving future service from PTAG.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**  
Physical Therapy Association of Georgia (PTAG)  
1260 Winchester Parkway, SE Suite 205  
Smyrna, GA 30080-6546  
F: 770-433-2907 ~ [info@ptagonline.org](mailto:info@ptagonline.org)

**Questions?**  
Contact PTAG Executive Office at  
[info@ptagonline.org](mailto:info@ptagonline.org) or 770-433-2318.

**Method of Payment**  
 Check payable to PTAG     VISA     MC     Discover     AMEX  
*Credit card statement will reflect a charge to PTAG.*

Name on Credit Card: \_\_\_\_\_

Check/Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV/CVC: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_