

OFFICE USE ONLY:

Invoice # _____

P.O. # _____

Sales Person _____ Date _____

Customer ID # _____



a multi-disciplinary online resource
2011 Directory

www.therapytimes.com
 Fax both pages of this form to: 610-854-3780
 E-mail to: TTDirectory@valleyforgepress.com
 or mail to: Valley Forge Press
 2570 Boulevard of the Generals, Suite 220
 Norristown, PA 19403
 For questions, call 800-983-7737

Company Listing Information

Complete the required information, exactly as it should appear in the *Therapy Times 2011 Directory*.

If handwritten, please print in ALL CAPS. We will abbreviate if necessary.

Company name: _____

Country: U.S. Canada Other

Address 1: _____

Contact: Name as it will appear on listing _____

Room/Suite/Floor #: _____

Title: _____

City: _____

E-mail: _____

State/Zip: _____

Phone: () _____

Company URL: _____

Fax: () _____

Please check here if your billing address is the same. If your billing address is different, please notify your sales rep.

<p>Please <input checked="" type="checkbox"/> the section(s) you would like your listing(s) to appear.</p> <p>Ordering information on page 2.</p> <p><input type="checkbox"/> Associations (Listed Alphabetical) <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Nursing <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</p> <p><input type="checkbox"/> Recruitment (Listed by State) <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Nursing <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</p> <p><input type="checkbox"/> CE Scheduler <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Nursing <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer List here to increase your attendees & CE sales. (Listed by Date)</p> <p><input type="checkbox"/> Product/Service Companies (Listed by Category) Fill out the section to the right. Select ONE category per paid listing or display ad. There will be an additional fee of 50% of the cost of the listing to add a new category.</p> <p><input type="checkbox"/> Staffing Agencies/Services (Listed Alphabetical) <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Nursing <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</p> <p>If faxing this form, please fill boxes in completely. <input type="checkbox"/></p>	<p>If you have selected Product/Service Companies, please indicate in the drop down menu(s) the category(s) you would like your listing to appear. ONE per paid listing/display ad. (Please attach a sheet if selecting more than 5 categories.)</p> <table border="1"> <thead> <tr> <th>Category(s)</th> <th>Targeted Group(s) - unlimited</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td><input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</td> </tr> <tr> <td>2. _____</td> <td><input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</td> </tr> <tr> <td>3. _____</td> <td><input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</td> </tr> <tr> <td>4. _____</td> <td><input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</td> </tr> <tr> <td>5. _____</td> <td><input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer</td> </tr> </tbody> </table>	Category(s)	Targeted Group(s) - unlimited	1. _____	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer	2. _____	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer	3. _____	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer	4. _____	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer	5. _____	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer
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Distribution:

Reach therapy professionals with buying power! Distributed in print, online, digitally plus 7 National Bonus Distributions. Your online listing will be activated immediately; print & digital version will be available in October 2010.

* Not responsible for errors due to illegible handwriting/fax.

<p>OFFICE USE ONLY:</p> <p><input type="checkbox"/> ACTIVATE</p> <p><input type="checkbox"/> DO NOT ACTIVATE</p> <p>REASON: _____</p>	<p><input type="checkbox"/> Basic # _____</p> <p><input type="checkbox"/> Enhanced # _____</p> <p><input type="checkbox"/> Power # _____</p> <p><input type="checkbox"/> Display Ad</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Full <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 V or H <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6V </p>	<p>Materials:</p> <p><input type="checkbox"/> Form _____</p> <p><input type="checkbox"/> Logo _____</p> <p><input type="checkbox"/> Description _____</p> <p><input type="checkbox"/> Display Ad _____</p> <p>Notes: _____</p>
		<p>Posted Date: _____</p> <p>Initials: _____</p> <p>Notes: _____</p>

2011 Directory

Receive a 15% discount if you confirm your order by May 22, 2010!
 Receive a 10% discount if you confirm your order by July 31, 2010!

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CE SCHEDULER – ORDERING INFORMATION

*Online, CD-ROM or Teleconference listings answer only questions that apply.

Category	Listing Information <small>Attach additional typed information on a separate sheet.</small>
Course Start Date	
Course End Date	
Sponsor	
Setting	
Targeted Group(s) - unlimited	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Nursing <input type="checkbox"/> Music <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer
Category	
Location: Hotel City, State	
Meeting Topic	
Maximum Fee	
Credits Earned	
Information: Phone Fax Web site	
Price <small>(Considered Net) Agency Discount: Not commissionable</small>	\$170.00 per listing in CE Scheduler \$ _____

Category	Listing Information <small>Attach additional typed information on a separate sheet.</small>
Course Start Date	
Course End Date	
Sponsor	
Setting	
Targeted Group(s) - unlimited	<input type="checkbox"/> Nutrition <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Respiratory <input type="checkbox"/> Nursing <input type="checkbox"/> Music <input type="checkbox"/> Pediatrics <input type="checkbox"/> Consumer
Category	
Location: Hotel City, State	
Meeting Topic	
Maximum Fee	
Credits Earned	
Information: Phone Fax Web site	
Price <small>(Considered Net) Agency Discount: Not commissionable</small>	\$170.00 per listing in CE Scheduler \$ _____

A Listing in CE Scheduler:

\$170 net

1. Includes an online directory listing for 2011
2. Includes **ONE FREE** basic listing under Product/Service - Continuing Education
3. Includes a listing on **TherapyTimes.com's** Calendar of Events

TOTAL NUMBER OF LISTINGS:

TOTAL AMOUNT ENCLOSED:

\$ _____

Setting Key:

- No Setting
- CD-ROM
- Conference/Expo
- Live Seminar
- Online/Webinar
- Teleconference
- Self-Study

1. Check enclosed (payable to *Therapy Times*) VISA MasterCard American Express
 Account Number _____ Expiration Date _____
 Authorized Signature _____ Print Name _____