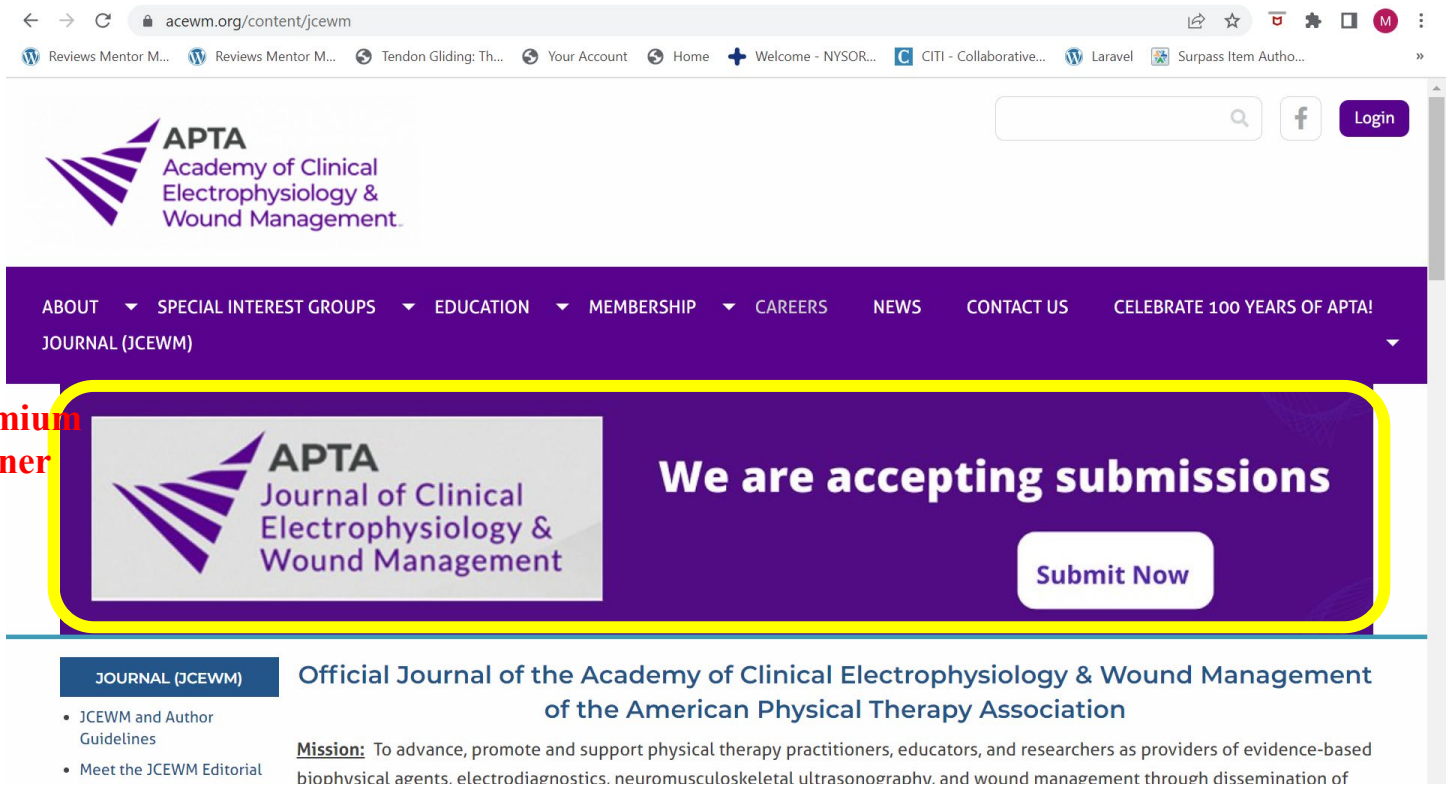


Journal Advertisement Benefits and Recognition

Sponsor Level	Recognition
\$2,000	Premium banner On JCEWM webpage with link to company/organization website for 12 months
\$500	Right-side panel box On JCEWM webpage with link to company/organization website for 12 months

All logos are to be supplied by the sponsor and may be provided in the following formats: JPEG or PNG. The dimensions of the artwork or graphic file must be:

- Premium banner: 1000 x 250 pixels
- Right-side panel box: 300 x 200 pixels



The screenshot shows the JCEWM website interface. At the top left is the APTA logo. A navigation menu includes links for ABOUT, SPECIAL INTEREST GROUPS, EDUCATION, MEMBERSHIP, CAREERS, NEWS, CONTACT US, and CELEBRATE 100 YEARS OF APTA!. A search bar and a 'Login' button are on the right. A large purple banner with a yellow border is highlighted, containing the APTA logo and the text 'We are accepting submissions' with a 'Submit Now' button. Below the banner, the page title 'Official Journal of the Academy of Clinical Electrophysiology & Wound Management of the American Physical Therapy Association' is displayed, followed by a 'Mission' statement. A red arrow points to a yellow-outlined box on the right side of the page, labeled 'Right-side Panel Box'.

**Premium
Banner**

Right-side Panel Box →





2920 East Avenue South, Suite 200
La Crosse, WI 54601
608-351-2735
ckrueger@orthopt.org
www.acewm.org

Journal Advertisement Benefits and Recognition

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

CONTACT PERSON _____

E-MAIL _____

Level of Sponsorship:

_____ Premium Banner (\$2,000)

_____ Right-side Panel Box (\$500)

To include your advertisement, email this form with your payment to the Executive Office: ckrueger@orthopt.org.

Payment Options:

1. Check

- Payable to the Academy of Clinical Electrophysiology & Wound Management
- Mail to Christie Krueger, Executive Director, ACEWM, 2920 East Avenue South, Ste 200, La Crosse, WI, 54601

2. Credit Card:

Credit Card: (circle one) MC Visa Disc AmEx

Card #: _____ Exp: _____ CVV: _____

Cardholder name: _____ Signature: _____

Billing Address: _____

Total Paid: _____