



# Aquatic Physical Therapy Bibliography

REVISED 2003

\*\*\*Now available as a CD\*\*\*

The Aquatic Physical Therapy Section offers a comprehensive bibliography for beginning programs and further research in aquatic physical therapy. The revised edition is indexed by topic. To order the bibliography, please complete the section below. The cost of the bibliography is:

**Aquatic PT Section Members \$30; Section Student Members \$25**  
**APTA Non-Section Members \$45**  
**(Others) Non-APTA Members \$60**

Shipping and handling is included in price. Return mail this form to Aquatic PT Section, PO Box 327, Alexandria, VA 22313 for credit card payment or with check.

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State \_\_\_\_\_ ZipCode \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

Please send in  Printed Format  CD Format

Check membership status and, if applicable, provide member number: *(check all that apply)*

Aquatic Section Member  Aquatic Section Student Member  APTA Member # \_\_\_\_\_  
 Non-Aquatic Section Member  Non-APTA Member

**Payment**  Check (payable to Aquatic Physical Therapy Section)  Visa  MasterCard

Cardholder (print name) \_\_\_\_\_

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_ (Shipping and Handling Included)

Return completed order form and payment to:  
Aquatic Physical Therapy Section  
American Physical Therapy Association  
1111 N. Fairfax Street • Alexandria, VA 22314  
aquaticsp@apta.org

<b>For Aquatic PT Use</b>	Received _____	Paid \$ _____	Ck#/CC _____	Auth _____
<b>Sec/APTA/NM Q</b>	Due \$ _____	Inv/date _____	Order filled/shipped on _____	