



CAADS

California Association for Adult Day Services

1107 9th Street
Suite 701
Sacramento, California
95814-3610

Phone: 916.552.7400
Fax: 866.725.3123
E-mail: caads@caads.org
Web: www.caads.org

JobLine Order Form – 2018

2017-11-30

Listing Requirements

Prices Effective Through December 31, 2018

- **Maximum Word Count is 150.** *Listing will not run until it complies with this requirement.*
- **Text Must Include Contact Name & Address or Tel/Fax/Email.** *Enables interested persons to respond.*
- **Listing & Payment Due in Advance.** *Listing will not run until text and payment in full is received by CAADS.*
- **CAADS must be notified of copy errors within five (5) working days of the date of first publication.** *Compensation for publisher error will be only in the form of re-running the corrected ad, and will be made only for errors that materially affect ad content.*
- **Publication of listing does not imply any CAADS endorsement or guarantee.**
- **CAADS reserves the right to reject any listing/advertisement at its own discretion which:**
 - (1) Makes dishonest or misleading statements;
 - (2) Implies directly or indirectly, overtly or covertly, discrimination on the basis of race, creed, sex, heritage or age;
 - (3) Is submitted by an advertiser whose appropriate licenses have been suspended or revoked because of fraud, negligence, unethical or gross misconduct, or violation of the law.

✓ **Please Indicate Your Selection**

Non Member

CAADS Member

<input type="checkbox"/>	Web Site Posted 30 days at www.caads.org under "Job Line"	\$285.00	\$130.00
<input type="checkbox"/>	Direct Distribution Email or Fax, as designated by each CAADS member	\$185.00	\$100.00
<input type="checkbox"/>	Both Options – Best Value! Web Site and Direct Distribution	\$355.00	\$180.00

First & Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

TEL: (____) _____ FAX: (____) _____ EMAIL: _____

Payment Method

Amount Enclosed: \$ _____

CHECK (payable to CAADS)

CREDIT CARD:

MasterCard (credit or debit card)

Visa (credit or debit card)

Discover (credit card)

American Express (credit card)

Card #: _____ Expiration Date: _____ / _____

C V V Code: _____ Cardholder Name: _____

Cardholder Street Address: _____ Zip: _____

Cardholder Signature: _____

CAADS must receive this form, listing text and full payment prior to processing order.

MAIL TO: CAADS, 1107 9th Street, Suite 701, Sacramento, CA 95814-3610

FAX TO: (866) 725-3123