



CAADS

California Association for Adult Day Services

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Sacramento, California
95814

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JobLine Order Form – 2010

Revised March 3, 2010

Listing Requirements

Prices Effective Through December 31, 2010

- **Maximum Word Count is 75.** *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 Members

CAADS Members

		Non Members	CAADS Members
<input type="checkbox"/>	Web Site Posted 30 days at www.caads.org under "Job Line"	\$250.00	\$100.00
<input type="checkbox"/>	Direct Distribution Email, Fax, Mail as designated by each CAADS member	\$150.00	\$75.00
<input type="checkbox"/>	Both Options – Best Value! Web Site and Direct Distribution	\$320.00	\$150.00

First & Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Payment Method

Amount Enclosed: \$_____

Check (Payable to: CAADS)

Visa Credit/Debit Card

MasterCard Credit/Debit Card

Discover Credit Card

Sorry, we do not accept American Express.

Credit Card Number: _____

Expiration Date: _____ Signature: _____

Cardholder Name (as it appears on card): _____

Cardholder Street Address: _____ Zip: _____

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

MAIL TO: CAADS, 921 11th Street, Suite 1100, Sacramento, CA 95814

FAX TO: (916) 552-7404