



# CAADS

California Association for Adult Day Services

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Sacramento, California  
95814-3610

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Web: [www.caads.org](http://www.caads.org)

## JobLine Order Form – 2012

2012-01-12

### Listing Requirements

### Prices Effective Through December 31, 2012

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

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, 1107 9<sup>th</sup> Street, Suite 701, Sacramento, CA 95814-3610

**FAX TO:** (866) 725-3123