



**California Association for Adult Day Services**  
 921 11th Street, Suite 1100 ♦ Sacramento, CA 95814  
 Tel: 916.552.7400 ♦ Fax: 916.552.7404  
 Email: caads@caads.org ♦ Web: www.caads.org

# Newsletter Advertising REMITTANCE SLIP

\_\_\_\_\_  
 Name of Organization

\_\_\_\_\_  
 Contact Person Area Code & Telephone Number

**Signed and dated Contract Terms and Conditions must accompany payment:**

**CIRCLE Ad rate corresponding to Ad Size and Number of Issues selected:**

CAADS CONNECTION	1 Issue	2 Issues	3 or more Issues
<b>Full Page</b>	<b>\$300</b> (Per issue: \$300)	<b>\$550</b> (Per issue: \$275)	<b>\$225</b> Per Issue
<b>½ Page, Horizontal</b>	<b>\$175</b> (Per issue: \$175)	<b>\$300</b> (Per issue: \$150)	<b>\$125</b> Per Issue
<b>½ Page, Vertical</b>	<b>\$175</b> (Per issue: \$175)	<b>\$300</b> (Per issue: \$150)	<b>\$125</b> Per Issue
<b>¼ Page, Vertical</b>	<b>\$100</b> (Per issue: \$100)	<b>\$160</b> (Per issue: \$80)	<b>\$70</b> Per Issue
<b>Business Card</b>	<b>\$50</b> (Per issue: \$50)	<b>\$90</b> (Per issue: \$45)	<b>\$40</b> Per Issue
<b>Back Cover</b>	Add 20% to ½ page rates for premium location.		

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Ad rated circled above    Minus    10% CAADS Member Discount    Equals    Total Amount

**To pay by CHECK, please make check payable to CAADS.**

**To pay by CREDIT / DEBIT CARD, all information below must be completed:**

Bill my (circle one): **Discover** credit card / **MasterCard** credit/debit card / **Visa** credit/debit card  
 (Sorry, we do NOT accept American Express)

**Credit/Debit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Cardholder Street Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Please Return Remittance Slip to:**

**CAADS**  
**921 11th Street, Suite 1100**  
**Sacramento, CA 95814**

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