



# CAADS

California Association for Adult Day Services

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

Phone: 916.552.7400  
Fax: 866.725.3123  
E-mail: [caads@caads.org](mailto:caads@caads.org)  
Web: [www.caads.org](http://www.caads.org)

## JobLine Order Form – 2017

2017-02-22

### Listing Requirements

Prices Effective Through December 31, 2017

- **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 Members**

**CAADS Members**

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

First & Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Payment Method

Amount Enclosed: \$\_\_\_\_\_

**Check** (payable to CAADS)  **MasterCard** (credit or debit card)  **Visa** (credit or debit card)  **Discover** (credit card)  
*Sorry, we DO NOT accept American Express cards.*

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

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