



## Listing Requirements

## Prices Effective Through December 31, 2023

- **Maximum Word Count is 150.** Please use the space provided online to submit your listing copy. *The 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.** *The listing will not run until text and payment in full are 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, or
  - (2) Implies directly or indirectly, overtly or covertly, discrimination on the basis of race, creed, sex, heritage or age, or
  - (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"/>	<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)

**CREDIT CARD:**  **MasterCard** (credit or debit card)

**Visa** (credit or debit card)

**Discover** (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 the order.**

**MAIL TO:** CAADS, 1107 9<sup>th</sup> Street, Suite 701, Sacramento, CA 95814-3610

**FAX TO:** 1 (866) 725-3123 | **EMAIL TO:** [caads@caads.org](mailto:caads@caads.org)