# WEB PAGE JOB OR EVENT POSTING RATES

<table>
<thead>
<tr>
<th>For Web Text Only</th>
<th>Member (per month) 1st month</th>
<th>Non-Member (per month) 1st month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 45 words</td>
<td>$55</td>
<td>$82</td>
</tr>
<tr>
<td>46 – 90 words</td>
<td>$85</td>
<td>$128</td>
</tr>
<tr>
<td>91 – 135 words</td>
<td>$120</td>
<td>$180</td>
</tr>
<tr>
<td>Over 135 words</td>
<td>Add $30 for each 45 words increment</td>
<td>Add $45 for each 45 words increment</td>
</tr>
</tbody>
</table>

## Extra Services

1. **Web Text & Image** : Please add $10/month
2. **Web Text & Link** : Please add $15/month
3. **Web Text, Link & Image**: Please add $20/month
4. **Web Text, Link & Animated Image**: Please add $50/month

## Special Discount

1. For consecutive month(s) after the first month, without interruption, will receive 25% discount off the first month rates.
2. Non-Profit Organizations will receive 20% discount on posting rates listed above.

## Remark

Photos or logos (images) should be saved in JPG or GIF Format, 72 dpi, RGB mode, 100 by 100 pixels and should be no larger than 100K.

The Start Date will be 72 hours after CABE received and approved the job/event posting.
JOB/EVENT POSTING APPLICATION

1. COMPANY/INDIVIDUAL GENERAL INFORMATION

Organization _______________________________________
Contact Person _____________________________________
Address ___________________________________________
City _____________ State _____ Zip____________
Phone _______________Ext ________Fax ________________

Is this Non-Profit Organization ?______Y ________N
If Yes, please provide EIN _______________________
(Please fax or mail your organization tax exempt letter)

2. PAYMENT INFORMATION

☐ Organization’s Purchase Order  (Please fax or mail CABE)

☐ Payment Enclosed:

___Check           ___MC        ___VISA      ___ AMEX

Credit Card Number ________________________________
Exp. Date ________________________________
Name on Card ________________________________
Signature ________________________________

Please make payment to:

California Association for Bilingual Education (CABE)
16033 E. San Bernardino Road
Covina, CA  91722-3900
Phone 626.814.4441  Fax 626.814.4640