

FAMILY HEALTH®
DISTRIBUTION AGREEMENT FORM

Series 29 (2009-2010)

Please fill out this form completely and return it to the address below to receive the *Family Health®* series for your station. It is offered **free**, as a public service.

For "Group" stations please include the calls/frequency and city of license in the comments section.

If you prefer you can fill out this distribution agreement form on-line at:
<http://www.fhradio.org/affiliates>

CALL LETTERS: _____ **FREQUENCY:** _____ **BAND:** AM FM OR Internet
(Circle one)

ADDRESS: _____ **Internet Streaming:** Yes / No

TELEPHONE (____) _____ **CONTACT PERSON:** _____

FAX# (____) _____ **TITLE:** _____

EMAIL: _____

WEBSITE: _____

CITY OF LICENSE: _____ **WATTAGE:** _____ **FORMAT:** _____

COVERAGE AREA POPULATION: _____ **STATION AUDIENCE SIZE:** _____
(Avg. Qtr. Hr)

METHOD OF DISTRIBUTION: CD SHIPPED TO ABOVE ADDRESS DOWNLOAD MP3 FROM WEB

| <u>DAYS</u> | <u>TIME</u> | <u>DAYS</u> | <u>TIME</u> |
|-------------|-------------|-------------|-------------|
| Monday | _____ | Saturday | _____ |
| Tuesday | _____ | Sunday | _____ |
| Wednesday | _____ | | |
| Thursday | _____ | | |
| Friday | _____ | | |

Sponsor / Underwriter: _____ **Type of business:** _____

This is to certify that the radio station plans to broadcast *Family Health®* a series of 2 1/2-minute programs featuring information about health, without abridgment on the days and times indicated.

Signature of authorized station representative: _____ Date _____

If you discontinue broadcasting the series, please notify *Family Health®*. This will help us keep our distribution list as accurate and up-to-date as possible. *Family Health®* is a service The WOUB Center For Public Media.

MAILING ADDRESS: DON BILSKI
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EMAIL bilski@ohio.edu

WWW ADDRESS: <http://fhradio.org>

MP3 Files at: <http://fhradio.org/affiliates>

COMMENTS AND SUGGESTIONS: