

FAMILY HEALTH®
DISTRIBUTION AGREEMENT FORM

Series 31 (2011)

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 -or- 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
9 SOUTH COLLEGE ST.
ATHENS, OHIO 45701

PHONE (740-593-4979)
FAX (740-593-4994)
EMAIL bilski@ohio.edu

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

COMMENTS AND SUGGESTIONS: