

WAMC NATIONAL PRODUCTIONS CARRIAGE FORM

Name of Station:			
Call Letters:			
Contact Name:			
Telephone #:			
Email Address:			
Website:			
Address:			
Address 2:			
City:		State:	Zip Code:
Station Watts:		Station Format:	
Market Area:			
Population Reach			
Arbitron Rank (if you have one)			
Name of Show (Please Select All That Apply)	Day of the Week it Airs (S,M,T,W,Th,F,Sa)	Time of Day it Airs	The Date your station will begin airing the show
<input type="checkbox"/> 51%			
<input type="checkbox"/> Earth Wise <i>(daily module)</i>			
<input type="checkbox"/> Person Place Thing			
<input type="checkbox"/> The Academic Minute <i>(daily module)</i>			
<input type="checkbox"/> The Best of Our Knowledge			
<input type="checkbox"/> The Book Show			
<input type="checkbox"/> The Capitol Connection			
<input type="checkbox"/> The Legislative Gazette			
<input type="checkbox"/> The Media Project			
Will this air on any Sister Station?		(Circle One) YES or NO	
If so, what are the call letters?			
~ Would you like to receive weekly rundowns?		(Circle One) YES or NO	
<ul style="list-style-type: none"> • <i>Weekly Rundowns NOT available for The Media Project, Leg Gaz, Cap Con or Earth Wise</i> 			
~ Would you like to receive Quarterly Reports?		(Circle One) YES or NO	
(If different from above) e-mail to:			
<ul style="list-style-type: none"> • <i>Quarterly Reports NOT available for The Academic Minute or Earth Wise</i> 			
How will you receive our programming?		Download off FTP	Download Off Content Depot
I AGREE TO AIR THE PROGRAMS LISTED ABOVE ON THE INDICATED DAYS AND TIMES. I AGREE TO INFORM NATIONAL PRODUCTIONS OF ANY CHANGES IN SHOW, DAY, TIME SLOT OR CONTACT INFORMATION AS SOON AS CHANGES GO INTO EFFECT.			
SIGNATURE: X		DATE:	

Please return this contract signed and completed prior to airing our programming.
 Attn: Patrick Garrett • Fax: 518.465.5928 • Mail: 318 Central Avenue, Albany, NY 12206
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