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MedicareSchool.com
ANSWER HOUR

Weekly Public Affairs Program

YES! We want MedicareSchool.com Answer Hour!

Start our FREE Service.

CALL LETTERS (s) _____ ☐ AM ☐ FM Dial Position(s) _____

City of License

Street Address

City, State, and Zip

Telephone Number

Email Address

Syndication Networks Corp. (SNC) shall furnish to Station for broadcasting the weekly Program **MedicareSchool.com Answer Hour**.

Station agrees to broadcast the Program each _____ (day of week) at _____ (scheduled air time).

In exchange for the Program, Station agrees to broadcast the commercial inventory within the Program (7 minutes station, 6 minutes network). Station shall return completed Certificates of Performance, as provided, on a timely basis.

Term of this Agreement shall begin on _____ (start date). This Agreement has no specific end date, however either party may terminate it with thirty (30) days written notice.

In the event of Program pre-emption, Station shall be permitted to delay broadcast the affected Program to the best available time closest to the actual scheduled time. Station shall complete certificates of performance, as provided, showing Station's carriage of Programs and commercials.

Station agrees that SNC and Success Journal Corporation (SJC) bear no responsibility for any failure or delays in presenting the Programs hereunder, whether resulting from technical difficulties, force majeure, or any other cause. Station shall hold SNC and SJC blameless for any claims, costs or damages resulting therefrom, or for any other cause.

For Station:

Signed

Print name

Your title and company name

Date

Office Use Only

For Syndication Networks Corp

**Send Back NOW to info@syndication.net
or fax to 847-583-9025 or call 1-800-743-1988**