

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location: WTOP WASHINGTON, DC	Date: 3/29/19
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I, STRAUSS MEDIA STRATEGIES
do hereby request station time concerning the following issue:

MARYLAND PHARMACISTS ASSOCIATION

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:	
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This broadcast time will be used by: Maryland Pharmacists Assoc.

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

Yes No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

[Empty box for candidate information]

I represent that the payment for the above described broadcast time has been furnished by:

MARYLAND PHARMACISTS ASSOCIATION

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

a corporation; a committee; an association; or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

Name: ALIYAH HORTEN
Title: EXECUTIVE DIRECTOR
Address: 9115 Guilford Rd STE 200
COLUMBIA, MD 21046

Name: SHAWN COLLINS
Title: MEMBER SERVICES COORDINATOR
Address:

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER

4/1/19 Date [Signature] Signature 202.639.0200 Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

Accepted Accepted in Part Rejected

[Signature] Signature Skip Quast Printed Name Sales Manager Title

Broadcast Contract

STRAUSS RADIO STRATEGIES
 MD PHARMACISTS ASSOCIATION
 529 14th STREET, NW
 NPB , SUITE 1163
 WASHINGTON, DC 20045

Attn: ERIC CROUCH

Start Date 04/02/19	Contract# 47385	Mod# 0
End Date 04/03/19	Date Entered 04/01/19	Date Last Modified 04/01/19
Advertiser MD PHARMACISTS ASSOC		Station Market WTOP-FM
Product		SalesRep/Office Stacy Kaufman

Standard Billing Cycle Estimate#

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
1	TU 04/02/19 WE 04/03/19	05:00A-10:00A	60	--	1	2	--	--	--	--	3	\$2,500.00

-----Additional Comments-----	Total Spots	Spots Total\$	Agency Commission	Net	Gross
	3	7,500.00	\$0.00	\$ 7,500.00	\$ 7,500.00

Billing Projections: By Month

	Apr 19
CA	7,500.00
ST	7,500.00

FCC Nondiscrimination Notice: Hubbard Washington DC, LLC and WTOP/WFED do not discriminate in advertising arrangements on the basis of race or ethnicity. Any arrangement entered into with an advertiser whose intent is to discriminate in such manner shall be null and void. In compliance with FCC rules, broadcaster includes this nondiscrimination provision in all advertiser arrangements.

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

 Name Title
 See reverse for accepted terms and conditions, if any

 Name Title
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