

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>	<b>Date:</b> 7/13/14
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I, Vlad Cartwright  
do hereby request station time concerning the following issue:

Federation of American Hospitals
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Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
As Ordered					

This broadcast time will be used by: Federation of American Hospitals

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT  
DOES NOT "COMMUNICATE A POLITICAL MATTER OF NATIONAL  
IMPORTANCE"**

I represent that the payment for the above described broadcast time has been furnished by (name and address):

Federation of American Hospitals  
750 9th Street, NW #600, Washington DC 20001

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

See Attached

**TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS**

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

The Sponsor agrees 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), the sponsor also agrees to prepare a script, transcript, or tape, which will be delivered to the station at least 24 hours before the time of the scheduled broadcasts.**

**TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)**

<u>7/13/16</u> Date	<u>Vlad M. Cartwright</u> Signature	<u>202.962.3955</u> Contact Phone Number
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**TO BE SIGNED BY STATION REPRESENTATIVE**

<input checked="" type="checkbox"/> <b>Accepted</b>	<input type="checkbox"/> <b>Accepted in Part</b>	<input type="checkbox"/> <b>Rejected</b>
<u></u> Signature	<u>David R Cooper</u> Printed Name	<u>NSM</u> Title


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