

## **Information Form for Aquafacts Advertisers** **(Please Print)**

Company Name: \_\_\_\_\_

Advertising Contact: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Ad Type: Black & White \_\_\_\_\_ OR Color \_\_\_\_\_

Ad Size: \_\_\_\_\_ Quantity: \_\_\_\_\_

NYRWA Member: Yes \_\_\_\_\_ or No \_\_\_\_\_ (If you are unsure, please call)

**2023** Issue: Spring – Summer – Fall – Winter (Please circle all that apply)

<b>**By signing the advertising agreement, you are obligated to pay for all selections you chose on the contract**</b>
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**Contact information:**  
**Cheryl Kearns**  
**New York Rural Water Association, Inc.**  
**PO Box 487**  
**Claverack, NY 12513**  
**518-828-3155 ext. 100 / 518-828-0582 fax**  
**kearns@nyruralwater.org**

**Please return this form with your signed advertising contract.**