

**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)

2021 Issue: Winter – Spring – Summer – Fall (Please circle all that apply)

**\*\*By signing the advertising agreement you are obligated to pay  
for all selections you chose on the contract\*\***

**Contact information:  
Cheryl Kearns  
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.**