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### ***Authorization to Audio/Video Tape and Post Data***

As a speaker or moderator for the \_\_\_\_\_, we are asking your permission to tape your session and keep in the Missouri Telehealth Network archives. Please complete:

I, \_\_\_\_\_, hereby give permission to the organizers of the Missouri Telehealth Network to tape my presentation and archive the information for future request only. This release form applies only to material delivered at the above-mentioned meeting and will not be used for any other purpose except as an educational service. Signing this release in no way prohibits me from using my own material in any manner I so desire.

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Presentation: \_\_\_\_\_

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