

# Permission to Record Session

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## *Requesting Organization*

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

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## *Session*

Title: \_\_\_\_\_

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

Date/time: \_\_\_\_\_

## *Grant of Permission from:*

Chair: \_\_\_\_\_  
Signature Date

Presenter: \_\_\_\_\_  
Signature Date

Presenter: \_\_\_\_\_  
Signature Date

Presenter: \_\_\_\_\_  
Signature Date

Presenter: \_\_\_\_\_  
Signature Date

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