



American Society of Pediatric Nephrology

12th Annual ASPN Multi-Disciplinary Symposium

November 7-8, 2024

SPEAKER RELEASE OF INFORMATION AND ONLINE PRESENTER AGREEMENT

Please sign and return this form indicating whether or not you give permission for the American Society of Pediatric Nephrology (ASPN) to post your PowerPoint presentations (.pdf version only) on its website. This added benefit gives our attendees the opportunity to print of the .pdf version of your presentation in advance and take appropriate notes throughout the Symposium and/or use it as a good future reference. In addition, we have requests from our attendees or other organizations for speaker's contact information. Please check the appropriate box, regarding the release of your information:

PowerPoint Presentation (.pdf version only) Release

I, _____, while retaining ownership to the presentation, hereby authorize the ASPN to release the content of my presentation materials by posting my materials on their website. I understand that my presentation(s) may be made available to the members of the organization, as well as Symposium attendees. Further, I represent and warrant that:

- a. The presentation is an original work that I and/or my co-presenters have authored; and
- b. If there is any content or any images, pictures, charts, graphs, or similar items in the presentation that I did not author, then I have a written license from the author to reproduce that content or materials in the webinar presentation and to authorize the Society to display the same.

Finally, I agree to indemnify and hold the Society harmless from and against any financial liability arising from any violation of the above representations and warranties.

Speaker's Authorized Signature: _____ Date: _____

I, _____, **DO NOT** authorize the ASPN to release the content of my presentation materials to the members of the organization or Symposium attendees. Please contact me if an attendee would like to obtain my presentation materials.

___ Email address: _____

___ Phone number: _____



American Society of Pediatric Nephrology

12th Annual ASPN Multi-Disciplinary Symposium

November 7-8, 2024

Contact Information Release

I, _____, hereby authorize the ASPN to release my contact information to other interested parties, members of the organization, as well as Symposium attendees. I understand that my contact information WILL NOT be printed in any Symposium materials – but simply made available to interested parties upon individual request.

Speaker's Authorized Signature _____ Date: _____

I, _____, **DO NOT** authorize the ASPN to release my contact information to the members of the organization or Symposium attendees. Please contact me if an organization or attendee would like to obtain my contact information.

___ Email address: _____

___ Phone number: _____