

DMA09 Recording Authorization Form

Due August 21, 2009

Please complete and fax this form to Lori Ann Pope at **212.719.1952**
or via email: DMA09speakers@the-dma.org
with the following subject line: Recording Authorization

As a service to our conference attendees, sessions will be recorded and an online synced multimedia version of your session will be made available for purchase after the conference. Please help us to maintain this valuable service by providing your authorization for us to record your session(s).

We would like your permission to record your session(s) at the conference. By signing this release, you grant us permission to record your session and sync the recorded information to your submitted PPT presentation, which will be made available for sale.

If you prefer that your session not be recorded and released for purchase, please indicate that below.

Session Title: _____

Session Title: _____

YES, you may record my session and include in the DMA09 conference online material.

NO, please do not record my session.

Name

Organization

Signature

(Typed name serves as e-signature)

Date