

Recording Release Agreement

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PLEASE CHOOSE ONE:

_____ **I AGREE**, the PSF can distribute the recording of my presentation.

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Name of Presenter: < None >

Name of Presentation: Mid-morning Break

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Signed: _____ **Date:** _____

Talk ID: 1170 39
Room: Room 701
Talk Start: Jul 18 Wed 10:45
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Name of Presenter: < None >

Name of Presentation: Lunch

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Signed: _____ **Date:** _____

Talk ID: 1177 40
Room: Room 701
Talk Start: Jul 18 Wed 12:15
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Name of Presenter: < None >

Name of Presentation: Mid-afternoon Break

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Talk ID: 1183 42
Room: Room 701
Talk Start: Jul 18 Wed 15:05
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Name of Presenter: < None >

Name of Presentation: Poster Session

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Talk ID: 1205 57
Room: Room 701
Talk Start: Jul 19 Thu 10:45
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Name of Presentation: Lunch

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Talk ID: 1210 58
Room: Room 701
Talk Start: Jul 19 Thu 12:30
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Talk ID: 1216 60
Room: Room 701
Talk Start: Jul 19 Thu 15:05
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