AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC.
(ABPANC)
PHOTOGRAPH RELEASE FORM

I/We have agreed to pose in a photograph to be used by the American Board of Perianesthesia Nursing Certification, Inc. for the purpose of having the photograph used in a video presentation depicting perianesthesia nurses, patients, and families. The video will be shown at the annual CPAN® and CAPA® Celebration Event held each year at the ASPAN National Conference and other exhibit opportunities engaged in by ABPANC and its representatives. The photo(s) may also be used in other print interactive media such as the ABPANC website promoting or providing information about CPAN/CAPA certification. The photo(s) will not be used for any other purpose other than that stated herein. The undersigned give(s) permission for ABPANC to use the photograph as described above. I/We agree that no remuneration will be provided to me/us by ABPABC for use of this photo(s).

Print the name of each person in the photo below, followed by their signature and date.

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Mail, fax, or email this form to:
Visia Marketing
34940 Ridge Rd. Suite 5
Willoughby, OH 44094
Attn: Photo Release
Fax – 440-710-0977
Email: jeff@abpanc.com