

**Guests, Speakers, Performers, Groups**

**Media Usage Permission Form**

**Name/Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Permission is hereby granted to Oregon State Organization and its chapters to create, copy, reproduce, exhibit, publish or distribute

**\_\_\_my name \_\_\_our professional name/s \_\_\_our group name,**

**\_\_\_my image \_\_\_our images, individually or together \_\_\_ our group image,**

in chapter, state and international projects, publications, presentations and/or in public media. When appropriate, my/our contact email address may also be publicized. **\_\_\_Yes \_\_\_No**

I understand that the above uses may include but are not limited to video, photographs, websites, multimedia programs or other types of promotional media existing now or in the future. State and chapter websites especially, and all media listed above, must comply with DKG International Policies and Procedures for privacy and copyright issues.

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Name (Please print.) Title for Groups

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Email Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Name (Please print.) Title for Groups

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Email Phone

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Signature Date

***Please return form to Bonita Fillmore, 1803 Lancaster Ave., Klamath Falls, OR 97601 or scanned PDF forms to*** ***bfillmore55@gmail.com. Address questions to state president. Use additional forms if more than two people are signing. Chapters should copy and retain the copy with the chapter secretary.***

***Originating Chapter (or event) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***