

## St. Jude Children's Research Hospital

### CONTINUING MEDICAL EDUCATION MEDIA CONSENT FORM

To facilitate the education of our employees and other external interests, it is necessary to videotape or audiotape educational presentations. We would appreciate your cooperation in allowing your presentation to be recorded for future use. Below you will find a release for the use of your presentation. You may opt to not have your presentation recorded or restrict the distribution of your material by checking the appropriate box.

#### CME ACTIVITY INFORMATION

- |   |   |
|---|---|
| <input type="checkbox"/> Brain Tumor Conference                       | <input type="checkbox"/> Schwartz Center Rounds                             |
| <input type="checkbox"/> CTRTSTC (formerly Solid Tumor Board)         | <input type="checkbox"/> St. Jude Grand Rounds                              |
| <input type="checkbox"/> HIV Lecture Series                           | <input type="checkbox"/> Annual Conference: St. Jude/PIDS Conference        |
| <input type="checkbox"/> Infectious Diseases Clinical Case Conference | <input type="checkbox"/> Annual Conference: HIV/AIDS Course                 |
| <input type="checkbox"/> Infectious Disease Research Conference       | <input type="checkbox"/> Annual Conference: ID Transplant Course            |
| <input type="checkbox"/> LLH/BMTCT Conference                         | <input type="checkbox"/> Annual Conference: Surgical/Oncology Review Course |
| <input type="checkbox"/> Solid Tumor Conference                       | <input type="checkbox"/> Other: _____                                       |

Date of activity: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Name and title (e.g., MD, PhD) of person submitting form: \_\_\_\_\_

Email: \_\_\_\_\_

Speaker's first name: \_\_\_\_\_

Last name: \_\_\_\_\_

Presentation title:

#### CONSENT

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Continuing Medical Education