

# PHOTOGRAPHY & VIDEO RECORDING

## DEADLINE: FEBRUARY 5

To complete this application, please print or type the information below, or fill using Acrobat Reader. Sign and submit copy to: Chicago Dental Society, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585 or [Igirardi@cds.org](mailto:Igirardi@cds.org)

**NOTE:** Video recording is defined as using any device, including cell phones, computers, cameras and video recorders to capture both visual and audio elements of the Midwinter Meeting.

In order to photograph or record video at the Midwinter Meeting, media must be approved through the CDS Press Office.

The person responsible for photography and/or video recording on behalf of the company must initial and sign below.

- \_\_\_\_\_ (initial) Photography and video recording are permitted only on the exhibit floor of the Midwinter Meeting.
- \_\_\_\_\_ (initial) Photography and video recording of Midwinter Meeting courses are not allowed.
- \_\_\_\_\_ (initial) I will obtain consent to be photographed and/or video recorded from anyone interviewed or otherwise personally identifiable in images.
- \_\_\_\_\_ (initial) The Chicago Dental Society reserves the right to rescind press passes or expel from the Midwinter Meeting anyone who does not adhere to these conditions.

## INFORMATION (TYPE OR PRINT)

|                                |        |                        |     |
|--------------------------------|--------|------------------------|-----|
| COMPANY NAME                   |        | AGENCY (IF APPLICABLE) |     |
| CONTACT PERSON                 |        | TITLE                  |     |
| ADDRESS                        | CITY   | STATE                  | ZIP |
| PHONE                          | MOBILE | FAX                    |     |
| EMAIL (REQUIRED)               |        |                        |     |
| AUTHORIZED NAME (PLEASE PRINT) |        |                        |     |
| AUTHORIZED SIGNATURE           |        | DATE                   |     |

