

# Speaker Release Form

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**69<sup>TH</sup> ASA CSCA CiS Annual Meeting**

McMaster University  
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I, \_\_\_\_\_, give my authorization for the recording  
of my lecture/presentation titled, “\_\_\_\_\_”  
\_\_\_\_\_

presented as part of the 2014 ASA/CASA/CiS Annual Meeting which will be held from July 25–28, 2014 at  
McMaster University in Hamilton, Ontario.

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PO Box 668  
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