Event:	
Date:	
I give permission for photographs of the persons listed below to be published on the website, Facebook page, in printed publications including newsletters and brochures of the Canadian Sc of Gastroenterology Nurses and Associates. I understand that these photos can be viewed by ar in the world, but no identifying information will be displayed. I am over 18, and I give permission for my image to be published.	
Print name:	
Signature:	

Forms may be mailed to:

Miranda Boyer
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