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Some of the presentations at the American Academy of Addiction Psychiatry Annual Meeting and Symposium will be professionally recorded and we will like to ask you to please sign and return this authorization form by October 1st.

You may fax the form to (401) 272-0922 or email lsabel@aaap.org.

Thank you for your assistance.

AUTHORIZATION

I hereby authorize the American Academy of Addiction Psychiatry or an authorized contractor to record my presentation(s) during this year's AAAP Annual Meeting and Symposium. It is understood that a web link of my presentation will be distributed to AAAP members.

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