**Speaker Consent and Release Form**

**Faculty of Medicine Siriraj Hospital, Mahidol University**

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**Speaker Information**

(Information will be completed by the organizing committee and confirmed by the speaker)

1. Speaker / Moderator / Lecturer

1.1 Name – Last Name .....

1.2 Department/Unit .....Affiliation.....

Please check your information, such as name and academic title

⬜ Correct

⬜ Incorrect, change to .....

2. Information on academic activity (Lecture, Conference, or Workshop)

2.1 Topic .....

Name of the Conference .....

2.2 Date (DD/MM/YY) .....Time.....

Venue.....

2.3 Type of Activity ⬜ Onsite ⬜ Online ⬜ Hybrid

**Speaker Acceptance**

3. I, as a speaker,

⬜ accept your invitation to be a speaker / moderator / lecturer and consent for the university to display my name and my affiliated institution in any publication and social media related to the conference

⬜ do not accept your invitation to be a speaker / moderator / lecturer

**Permission to record and disclose personal information, presentation slide, and video**

4. Personal Information

~~4.1~~ My photograph

⬜ I consent for the university to use my photograph in any publication or social media related to the conference

⬜ I do not consent the university to use my photograph

4.2 Mobile Phone .....

4.3 E-Mail address: .....

⬜ I consent for the university to provide my contact number to other speakers / moderators / lecturers in the same session

⬜ I do not consent for the university to provide my contact number to other speakers / moderators / lecturers in the same session

5. Permission to record a video

⬜ I consent for the university to record and capture audio, visual or other formats during my presentation. I acknowledge that the university will become the copyright owner of the recordings.

⬜ I do not consent

6. Permission to display activity handout, presentation, and recording

⬜ I consent for the university to display my handout, presentation, and recording

⬜ I do not consent

7. Permission to display the recordings on media platform(s) (Can choose multiple choices)

⬜ In the venue

⬜ Online platform; broadcast in Faculty of Medicine Siriraj Hospital and/or Mahidol University

⬜ Online platform; broadcast to Public online system

I have read and understood the objectives of the academic conference and scope of activity from the organizing team at the Faculty of Medicine Siriraj Hospital, Mahidol University. I acknowledge and agree that this Release shall be governed by the law and is a legally binding agreement. I verify that my action and knowledge will be my sole responsibility in the event that causes any damage to the organizing team or audiences on the topic of .....

.....

at the conference .....

Signed.....

(.....)

Date .....