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Please print your name and mark the YES or NO box on the following page to indicate your permission. Then sign this form and return it to us during your stay at McDonald Observatory.

I give McDonald Observatory permission to print photographs or shoot video footage of me for their brochures or their websites, and in other materials that help to publicize their teacher professional development programs.

Please mark one box
with your answer.

YES
NO

Participant's Signature: _____

Participant's Name (please print): _____

Date signed: _____



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