

Partial-Body Radiation Diagnostic Biomarkers and Medical Management of Radiation Injury Workshop

Partial-Body Radiation Diagnostic Biomarkers and Medical Management of Radiation Injury Workshop (PB-Rad-Injury 2008 Workshop)

February 18, 2008

TO: Participants at the PB-Rad-Injury 2008 Workshop, to be held May 5–6, 2008, at the Uniformed Services University, Armed Forces Radiobiology Research Institute (USU/AFRRI), Bethesda, Maryland USA

From time to time during the course of the meeting, photos will be taken for official use and for news purposes. Following the meeting, organizers will try to make representative meeting photos available to attendees electronically at the workshop website:

http://www.afri.usuhs.mil/pb_rad_workshop/index.shtml

Below, please sign and date this Photography Release form and bring it to the May 5–6 workshop at AFRRI. Leave it with the registration desk upon arrival. If you have objection to photographs of you being published or included in news releases, please indicate your objection below, beneath the signature line.

Your abstract, collected as a PDF file, will be posted on the above website a week before the May 5–6 workshop. It also will be printed and distributed, unless you specify its exclusion, at the workshop. Abstracts will be provided with meeting materials, all of which are unclassified with AFRRI distribution limited to meeting attendees.

Note: If you prefer that your abstract not be posted on the website and/or distributed at the workshop, please indicate your preference when you [submit your abstract](#).

We appreciate your participation.

Program Committee
May 5–6, 2008, PB-Rad-Injury 2008 Workshop
AFRRI, Bethesda, Maryland USA

Photograph and Abstract Release Form

I do ___ / do not ___ consent to 1) photographs taken of me during this workshop being used for illustrating meeting participation, and 2) my abstract being reproduced for distribution during the workshop.

Name (please print): _____ **Date:** _____

Signature: _____

Comments: _____

Send your signed copy of this release form by
fax: 301-295-1863; or
postal mail: c/o Dr. W.F. Blakely, 8901 Wisconsin Avenue, Bldg. 42, Bethesda, MD USA 20889-5603; or
e-mail: PB-Rad-Injury-2008@afri.usuhs.mil (scan the signed form, make a PDF, attach to e-mail).