

# TANDEM MEETINGS

Transplantation & Cellular Therapy Meetings  
of ASTCT\* and CIBMTR\*

## 2026 Tandem Meetings: Recording Release Form

**Presenter Name:**

**Presentation Title:**

**Date/Time of Program:**

### Recording Release Form

*Thank you for agreeing to be a presenter at the 2026 Tandem Meetings | Transplantation & Cellular Therapy Meetings of ASTCT® and CIBMTR®. The 2026 Tandem Meetings will be recorded so registrants may view content on demand and obtain continuing education credit for up to 30 days post-meetings.*

I hereby give my permission to the *Tandem Meetings | Transplantation & Cellular Therapy Meetings of ASTCT® and CIBMTR®* to record, broadcast and otherwise use in all media, my presentation, as titled above, and all documents displayed or distributed in connection with the presentation. I certify that I am the owner of the copyright in the presentation or that, if any portion of the presentation is owned by another, then permission for me and the Tandem Meetings to use such material has been appropriately obtained. I further grant the Tandem Meetings the right to use my name, likeness, voice, and biographical information in connection therewith. I understand that this release does not prevent me from making full use of my presentation.

#### Select one of the following release statements:

I acknowledge that I have read and agree to this release; and I agree to have my recorded session posted **indefinitely** on the 2026 Tandem Meetings online program, past the 30 days post-meetings.

I acknowledge that I have read and agree to this release; but I agree to only have my recorded session posted on the 2026 Tandem Meetings online program for **30 days** post-meetings, after which the session recording would be removed from online access.

**Signature of Presenter**

**Signature Date**