

NEVADA DESERT VALLEY CHAPTER  
**PUBLICITY PERMIT**

Last Name of Teacher \_\_\_\_\_ First Name \_\_\_\_\_

Dear NDVC Member:

Throughout the year, we are asked to take part in local publicity releases by way of pictures, newspaper articles, websites, radio time, television and/or video. If you do, or do not, want your picture or name to be used in such publicity releases, indicate your desire below.

\_\_\_\_\_ I see no objection to having my picture and/or name used in conjunction with the public relations program of the NDVC.

\_\_\_\_\_ I object to having my picture and/or name used in conjunction with the public relations program of the NDVC.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date