

Author Release Form

ISMOS⁹

Edinburgh, UK

June 27-30, 2023



NAME:

AFFILIATION:

DATE:

SIGNATURE:

**1) I would like to have my presentation on the ISMOS webpage.
(Please tick appropriate box)**

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

**2) I would like to have a modified version of my presentation on
the ISMOS webpage. (Please tick appropriate box)**

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

**3) I would NOT like to have my presentation on the ISMOS
webpage. (Please tick appropriate box)**

Y	N
<input type="checkbox"/>	<input type="checkbox"/>