## **Request to Record or Broadcast an MAA Event**

Date of the event:	Location:
Description of event (for example keynote le program, SIGMAA business meeting):	ecture at Section Meeting, workshop sponsored by MAA PREP
Presenter(s):	
Event chair or organizer:	
Attach permissions, in writing, with signature	res or email return address, of all presenter(s) and organizers.
· · · · · · · · · · · · · · · · · · ·	he recording? What is the nature or medium of the recording? ials, such as editing or transcription? Who is responsible for tion of the event recording?

Intended use of recorded materials. Describe the audience. Describe how many copies will be made. Describe the method of distribution, broadcast, or dissemination. Will there be a charge to recipients?
Requested by:
Name:
Affiliation:
Address:
Telephone, email address, and fax number:
Role in event:
I hereby approve this request to record/disseminate the event as described and modified below.
Modifications to request:
Michael Pearson Date
MAA Executive Director

## Mail, Email, or Fax to:

Mathematical Association of America 1529 Eighteenth Street, NW Washington, DC 20036 Fax to 202-387-5948 meetings@maa.org