

**APPLICATION FOR ACTIVITY ATE COMMUNITY SESSION**

ORGANIZATION:

ADDRESS:

STATE:

CONTACT PERSON:

PHONE NUMBER:

E-MAIL:

**PROPOSED ACTIVITY**

TITLE:

TYPE OF ACTIVITY e.g. Panel Discussion, short drama, poetry, songs, art works, fashion show Documentary, Story Telling, Drama, Fashion Show etc

**DURATION:**

**OBJECTIVES:** Please state 3 or 4 Objectives of this Activity below

**DESCRIPTION OF ACTIVITY:** Please clearly describe this Activity in 150 words

**EXPECTED OUTCOME:** Please state 3 or 4 Expected Outcomes of this Activity

**ITEMS REQUIRED** eg. Projector, stage lights, etc



**SPEAKER / PRESENTER CONSENT FORM**

As a Speaker/Author/Coauthor/Presenter, I hereby agree:

1. To the release and publication of the summary of my presentation, my presentation slides and the audio and/or video recording of my presentation(s), its live broadcast during the 2024 National TB Conference, including the introduction and live questions and answers, and its accessibility at leisure or on demand to all registered participants in the Conference library.
2. To the subsequent use of my presentation slides (and the audio and/or video recording of my presentation(s) by the Stop TB Partnership Nigeria (STPN). The STPN will not be liable if any content is replicated and/or distributed/shared.
3. That copyright of content is retained by the speaker(s)/contributor(s), and that copyright in the recordings will be retained by the STPN.
4. That I own the copyright for images contained within slides and other presentation materials. If excerpts from copyrighted works are included, I have obtained written permission from the copyright owners and acknowledge the sources in the presentation.
5. I also warrant that the presentation contains no libelous or unlawful statements and does not infringe the rights of others and that I will indemnify the conference organizers against any loss, injury or expense arising out of any breach of this warranty.
6. To the use of my data being processed for this recording and subsequent publishing. My data will be processed following the provisions of the data protection law.

**FULL NAME:**

**CONFERENCE REGISTRATION NO:**

**SIGNATURE & DATE:**