



Society for Pediatric Sedation

safe sedation - every child every time

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ACCEPTANCE OF SPS SPOKESPERSON AND LOGO USE POLICY

I, _____, certify that I have read and understand the Spokesperson/Logo Use Policy of the Society for Pediatric Sedation and agree to comply with it, as well as applicable laws that impact the Society.

I agree that I will seek approval by the President, Board of Directors or Executive Committee to speak on behalf of the Society in my role as

_____ (list all that apply). I also agree that any of my written communication (including electronic) will first be vetted and approved by the President, Board of Directors or Executive Committee.

I am requesting to use the logo for the following reasons (list all that apply):

- 1.
- 2.
- 3.

The logo will be used for the reasons above during what time frame?

Printed Name

Signature

Date