



**Illinois' Sharing A Vision Conference 2007
Proud Moments Booklet**

Publication Permission Form for Minor Children (under eighteen years of age)

Please print:

Full Name of Minor Child: _____ Date: _____

Parent/Guardian Address: _____

City: _____ County: _____ Zip: _____

Parent/Guardian Email: _____

Parent/Guardian Phone, including area code: (_____) _____

Please read this publication permission form carefully.

I understand that signing this form gives the Family Committee of the Illinois 2007 Sharing A Vision Conference permission to use my child's first name or a pseudonym and/or still image (picture) for the purposes granted below. I also understand this identifying information will not be used for purposes where permission is not granted as indicated below.

Please place a checkmark in the appropriate box:

Publication Use: Name	Permission Granted	Permission Not Granted
Willing to have my child's first name: _____ published in my Proud Moments "story" that I sent for the Proud Moments booklet that will be distributed to conference attendees at the Sharing A Vision Conference in Springfield, Illinois, October 17-19, 2007.		
-----OR-----		
Willing to have a pseudonym (made-up name) instead of my child's first name published in my Proud Moments "story" that I sent for the Proud Moments booklet that will be distributed to conference attendees at the Sharing A Vision Conference in Springfield, Illinois, October 17-19, 2007.		

Please place a checkmark in the appropriate box:

Publication Use: Still Image (Picture)	Permission Granted	Permission Not Granted
Willing to have the still image (picture) that I sent with my Proud Moments "story" to be published in the Proud Moments booklet that will be distributed to conference attendees at the Sharing A Vision Conference in Springfield, Illinois, October 17-19, 2007.		

Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____
