



American Pediatric Surgical Nurses Association, Inc.
c/o VTL Solutions
217 Oscar Drive, Suite C
Jefferson City, MO 65101 USA
www.apsna.org

SAMPLE COPYRIGHT PERMISSION LETTER

[Date]
[Name of Copyright Holder]
[Address]
[Salutation:]

I am writing to request permission to use [describe copyrighted material and the source from which you obtained the materials] (the "Third-Party Materials") in connection with a presentation and related material I am preparing. The topic of my presentation is _____. I plan to deliver my presentation at a meeting for APSNA. My presentation may be recorded in one or more media and my material will be distributed at the meeting. APSNA intends to make the recordings, if any and material available to its membership and others, using a variety of formats, media, and technologies. APSNA will provide me with copies of any recordings for my own professional use and to use in promoting my professional services.

It is my understanding, that you own copyrights in the Third Party Material. Accordingly, I ask that you grant me the right to copy, publish, display, perform, distribute, prepare derivative works of and otherwise adapt and use the Third Party Material, in whole or in part, in connection with the preparation and delivery, my presentation and related material and for other educational purposes and, to the extent the Third-Party Materials are embedded in the recordings or related material, to use them to promote my professional services.

I also ask that you grant APSNA, its successors, and assigns, the right to copy, publish, perform, distribute, prepare derivative works of, and otherwise adapt and use the Third Party Material, in whole or in part, worldwide, and to incorporate them into other works, in any form, media, or technology (whether now known or later developed), but only in connection with APSNA's ongoing promotion and use of my presentation, related material, and derivative works and recordings thereof.

Please indicate your consent by signing and returning the enclosed copy of this letter in the self-addressed, stamped envelope provided.

Thank you very much.

Sincerely,

[your name]

I have the right to grant the above-described rights and hereby consent to the use of the Third Party Material by [your name] and APSNA as set forth above.

[name]

[Date]

Mission - We are the voice that shapes pediatric surgical nursing through advocacy, collaboration, mentorship and leadership. Based on a foundation of research, education and innovation, we will transform care delivery for pediatric surgical patients.

Vision - The American Pediatric Surgical Nurses Association, Inc. (APSNA) will be the leading authority for the nursing care of pediatric surgical patients.

Diversity, Equity and Inclusion Statement- APSNA respects, values, and celebrates the unique attributes, characteristics, and perspectives that make each person who they are. We believe that our strength lies in our diversity among the broad range of people and areas we represent. We consider diversity, equity and inclusion a driver of organizational excellence and seek out diversity of participation, thought, and action. It is our aim, therefore, that our members, partners, and key stakeholders reflect and embrace these core values.