

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



Website Release Form

As an officer, member of the Board of Directors, a committee chairperson or other responsible party of the Pennsylvania Association of PeriAnesthesia Nurses (PAPAN), I agree to have my name and office posted on the PAPAN website www.papanonline.org

The Webmaster will be responsible for inquiries to the website. The Webmaster may request the assistance of member(s) of the Board of Directors and committee chairpersons with some information. All contact with visitors will be made through the official website e-mail address to respect the privacy of the leaders of PAPAN. The official e-mail is info@papanonline.org

The organization will not be responsible for damages if the Webmaster elects to personally respond to questions received from any website visitor.

A signed Website release form from each PAPAN officer will be included with the transition of leadership process.

PRINT YOUR LEGAL NAME _____

SIGN YOUR LEGAL NAME _____

Today's Date: _____