

Photographs Needed!

**Make your program famous worldwide!
See your program “in the spotlight”!**

Ever wonder where ASTNA gets the photographs used in various publications and courses? From transport crew members just like you who submit photographs of their transport teams in action to the ASTNA National Office.

Currently, ASTNA is revising and designing several exciting projects – we would love to include photographs of your program in projects such as:

- TNATC Power Point Slide Revision
- ASTNA Membership Brochure
- ASTNA Poster for Critical Care Transport Nurses Day
- ASTNA Member-Get-A-Member Campaign
- Standards for: Ground Transport, Fixed-Wing Transport, and Rotor-Wing Transport
- ASTNA web site
- CFRN Review Materials
- Plus many exciting, upcoming projects.

We are looking for any photographs related to transport nursing – crew members in action in the hospital, on scenes, in transport, etc. as well as any pictures that you feel may be useful in teaching topics related to transport nursing - pictures of aircraft, equipment, training sessions, etc.

To participate, simply mail your photographs or 35 mm slides with a signed photo release (attached) to the ASTNA National Office at:

7995 East Prentice Avenue

Suite 100

Greenwood Village CO 80111

OR

Email to: astna@gwami.com, subject line: Photos for Website

You may fax your authorization to: 303.770.1614

Photographs and slides will not be returned

Call 1-720-488-0492 with any questions



**INFORMATION AND PHOTOGRAPH
AUTHORIZATION/RELEASE**

PATIENT/SUBJECT NAME: _____

PATIENT/SUBJECT NAME IF A MINOR: _____

I, _____ hereby authorize the making of photographs by the staff, employees, or agents of _____ (Hospital). I understand that my name will not be included in the credits. I understand that the photographs are to be used for educational OR promotional purposes.

I hereby release from liability the hospital, its parent, affiliates, and subsidiaries as well as the staff, agents, and employees from all claims or liabilities relating to the taking or use of the photographs.

DATE: _____
_____ Signature of Consenting Party

WITNESSED: _____

IF CONSENTING PARTY IS OTHER THAN PATIENT:

Signature of Consenting Party

Relationship