

TESTIMONIAL AUTHORIZATION

Please use this form to list your organization's testimonial of a PESC activity or event.

Testimonials will be included in press releases and announcements and posted on the PESC website when a specific PESC activity or event is occurring (e.g. when a new standard is announced, etc.) and may be used subsequently in additional marketing.

PESC member organizations can also provide a general testimonial of PESC which will be posted on the PESC website and may be used for general marketing purposes.*

Contact Dones - Full Name		
Contact Person Full Name		
Title and Organization		
Street Address		
City, State and Zip		
Phone	Fax	E-mail Address
TESTIMONIAL OF (check all	that apply)	EXACT CONTACT INFORMATION:
Newly Approved PESC S	tandard	Person Full Name
General Endorsement of	PESC	Title
Other:		Organization
EXACT TESTIMONIAL: (a)	ttach more pag	ges if needed)
and distribute to the general public, without charge distribution on the internet, via CD-ROM and inclus and distribute copies of this testimonial, without cl	e, the above-listed tes- ion in electronic datal narge, to other person- any credits, acknowle	n-exclusive, royalty-free, irrevocable, world-wide authorization to reproduce timonial in hard copy, digital or any other format, including but not limited to pases. I also authorize PESC and its membership organizations to reproduce in their offices, firms or at the institutions of higher education that they algements, copyright notice, and other such information contained in the ight therein.
Contact Person Signature		Date

Please complete this form and send it along to:

Postsecondary Electronic Standards Council 1250 Connecticut Avenue, NW, Suite 200 Washington DC 20036

> Fax: 202-261-6517 Email: Michael.Sessa@PESC.org

^{*} Testimonials will only be listed and/or maintained for PESC member organizations in good standing.