

Submission form for familydoctor.org

LETTER OF AGREEMENT

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continued on next page

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9. Please provide a brief description on your expertise and/or experience in the subject matter of the Material:

10. I hereby grant to AAFP and AAFP's assigns, licensees, and successors the right to use my name, likeness and biographical information in all forms and media in connection with the Material licensed hereunder.

If the above agreement meets with your approval, please sign one copy of this Submission Form and electronically submit the form.

Author: _____

Agreed to and accepted:

By: _____ Date: _____

Print name exactly as it is to appear in the published journal: _____

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