



Testimonial Consent Form

Name: _____ Phone #: _____

Business / Title: _____ / _____

In the space provided below, please describe your experience(s) with Arctic Slope Telephone Association Cooperative, Inc. (ASTAC); to include, but not limited to, products, services, and staff:

I give my full and complete permission, without compensation or limitation to ASTAC to publish and/or display my testimonial, and/or photograph(s) on the ASTAC website or any other media produced by ASTAC.

I agree to submit this testimonial and my photograph(s) to be published in full or edited form, by any means or methods, including, but not limited to: educational, advertising, marketing, and promotional materials. This consent is granted for an undefined period.

I understand and agree that these statements may be used with or without identifying me and my affiliation. I also understand that any publication of my photograph(s) may include first and last names and/or the name of my business (if applicable) for identification purposes.

Signed: _____ Date: _____

Once completed please mail, email or fax

the document to:

4300 B Street, Ste. 501

Anchorage, AK 99503

info@astac.net

f: 907-563-3394

Thank you for your time.