



## Consent to Release Contact Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By signing below, you are authorizing us to disseminate the contact information requested above to the other conference participants. Your consent is purely voluntary and refusing to sign does not in any way limit your right to participate in the conference. If you would like to share your contact information with other conference participants, please sign and date the statement immediately below.

I understand that by signing this statement, I am consenting to the dissemination of my contact information, as described above, by the Federal Election Commission to other participants.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This completed form must be emailed to [Conferences@fec.gov](mailto:Conferences@fec.gov) by January 31, 2022, to have your contact information included.**