

Recipe Publication Authorization Form

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The following recipe(s) is (are) authorized for publication

Please check off the box(es) corresponding to where you authorize publication of the recipe(s):

		General Public ¹	Members only ²
Recipe 1:			
Recipe 2:			
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Recipe 4:			
Recipe 5:			

1- The recipe will be accessible to everyone

2- The recipe will only be accessible to dietitian members of APNED

Thank you for contributing to the visibility and expertise of dietitians practicing in dysphagia!

Name of the person giving authorization: (printed letters please) Position title: Signature: Date:	