

# Digital Event Participation Consent Form

Thank you for your interest in participating in our virtual event. Please complete this form to provide your electronic consent.

Full Name \*

Email Address \*

Event Title \*

e.g. Annual Virtual Summit 2024

I hereby consent to my participation in the above event, including any recording, data collection, or correspondence related to the event. I understand my data will be handled securely and in accordance with data protection regulations.

E-Signature \*



Use your mouse, stylus, or finger to sign above.

Date \*

<?=date('Y-m-d')?>

**Submit Consent**