

APAGE X GMIT Video Submission Form

FIRST NAME	LAST NAME
NATIONALITY	CONTACT NUMBER
EMAIL ADDRESS	
AFFLIATION (HOSPITAL/DEPARTMENT NAME)	
VIDEO TITLE	
VIDEO CAPTION SENTENCE	
KEYWORDS	
LENGTH OF VIDEO	

Video Release Declaration

I, _____ (name of corresponding author), hereby give permission to the Asia-Pacific Association for Gynecology Endoscopy and Minimally Invasive Therapy (APAGE) and Gynecology of Minimally Invasive Therapy (GMIT) the right to use, edit, and display the video contents on APAGE official website (ASurg Video Channel) and GMIT for publication purpose on the behalf of all authors. By signing this agreement, I accept all responsibilities, disclose all and any potential conflicts of interest and for such; I declare that I have read and understand this release agreement thereof.

Signature _____ Date _____

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