Syn-One Clinician Network™

Join our clinician network to have your practice included in our searchable directory. Please provide your practice information as you would like it to appear in the Syn-One Clinician Network listing, then sign, date, and email this form to **support@cndlifesciences.com**.

Practice Information

Physician Name and Credentials

Specialty

Sub-Specialty (optional)

Practice Name

Practice Website URL

Practice Phone Number

Email Address (optional)

Practice Street Address

City

State

Zip or Postal Code

Limited Release for Marketing Purposes

I, the undersigned, authorize CND Life Sciences, Inc. and its affiliates and their agents acting on their behalf (collectively, "CND") to use both my name and other likenesses, for the purposes described herein.

Purpose: The purpose of this Limited Release is to allow CND to include or identify me (and/or my practice, if applicable) in a clinician directory, published on the CND website, and supporting marketing materials as an active user of the Syn-One Test as part of my current clinical practice (the "Purpose").

Scope: This Limited Release authorizes CND to use and publish the legal name and contract information of myself and my practice, including, without limitation, addresses, phone numbers, specialties, sub-specialties, and website links (collectively, the "Authorized Information").

Authorization: I hereby authorize CND to use the Authorized Information for the Purpose, which use may include, but is not limited to, publishing or referring to the Authorized Information on CND's website, pamphlets, brochures, presentations, and any other digital or physical media created for the Purpose. This Limited Release specifically authorizes CND to identify me and my practice, as part of the "Syn-One Clinician Network" in such media. CND may not use or display the Authorized Information in a manner that is deceptive or misleading. I may revoke this Limited Release, at any time, by written notice directed to CND. Any revocation of this Limited Release will not apply to or otherwise affect Authorized Information that has already been published or released.

Limited Release: I understand that the Authorized Information, following publication by CND, may be copied, and distributed by means of various media, including, but not limited to, newspapers, broadcast media, video presentations, press releases, mail-outs, or websites not controlled by CND. I understand that CND cannot warrant or guarantee that such further uses and disseminations of the Authorized Information by persons not parties to this Limited Release will be subject to the supervision or control of CND; accordingly, I release CND from all responsibility or liability related such dissemination of the Authorized Information by third parties.

I have read, understand, and am authorized to agree to the terms and conditions of this Limited Release on behalf of myself and my practice.

Clinician Name

Clinician Signature

Date