



Disclosure of Conflict of Interest

Title of CPD activity			
Date of CPD activity			
What is your role in the CPD activity?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other <i>(describe)</i>		

I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose

I have a relationship with a for-profit and/or a not-for-profit organization to disclose Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria		
Membership on advisory boards or speakers' bureaus		National cervical cancer advisory board, Scientific Workshop Expert
Funded grants or clinical trials		
Patents on a drug, product or device		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity		

To be completed by speakers only

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). <i>Note: You must declare all off-label use to the audience during your presentation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

Signature:	Date: Oct 13/22
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