

Title of CPD activity				
Date of CPD activity				
What is your role in the CPD activity?	☐ Member of the scientif	ic 🗆 Mod	lerator	beaker
	planning committee		Author D F	acilitator
,	□ Other (describe)			
□ 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.				
	Name of for-profit or not-for-profit organization(s)	Description o	escription of relationship(s)	
Any direct financial payments including receipt of honoraria				
Membership on advisory boards or speakers' bureaus				
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). Note: You must declare all off-label use to the audience during your presentation.				□ Yes □ No
I acknowledge that the <u>National Standard</u> requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.				□ Yes □ No
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:				