

Disclosure of Conflict of Interest

Title of CP	D activity					
Date of CPD activity						
What is your role in the CPD activity?		☐ Member of the scient	ific 🗆	Moderato	or 🗆 Sp	peaker
		planning committee		□ Auth	or 🗆 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 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:	lia	t hogen	Date:			