



Conflict of Interest Disclosure Form

Name:	Date of Activity: October 7-11, 2017
Title of CME Activity:	
Presentation Title(s) / Topic(s):	
<i>Note: Each talk needs a learning objective(s) disclosed as the second or third slide of the presentation.</i>	

Disclosure of Relevant Financial Relationships: Disclose only where the relationship is associated with the content of the activity. List the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on patients. With the exemption of non-profit or government organizations, and with which you or your spouse/partner have, or have had, a **relevant financial relationship** within the past 12 months.

With respect to this CME activity, (check **one**):

- No**, I (nor my spouse/partner) do not have a relevant financial relationship.
- Yes**, I (and/or my spouse/partner) do have a relevant financial relationship. Describe below:

Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)
<input type="checkbox"/> Consultant	
<input type="checkbox"/> Speaker's Bureau	
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	
<input type="checkbox"/> Stock Shareholder (self-managed)	
<input type="checkbox"/> Honoraria	
<input type="checkbox"/> Full-time/Part-time Employee	
<input type="checkbox"/> Other (describe):	

Signature: _____ Date: _____