

Podunk City Study Club

CONFLICT OF INTEREST DECLARATION

Having an interest in or an affiliation with the corporate organization does not necessarily prevent you from making the presentation, but the relationship must be made known to the audience. Failure to disclose or a false disclosure may result in your removal from the program.

Complete only the ONE box which applies to you:

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement with any corporate organization offering financial support or grant monies in regards to my continuing dental education presentation at the

_____.

Print Name

Signature

Date

I, the undersigned (or an immediate family member), **have** a financial interest/arrangement or affiliation with a corporate organization offering financial support or grant monies for or related to the content of **my continuing dental education presentation at the** _____ as follows (there is no need to disclose the actual financial value of any affiliation):

Affiliation/Financial Interest

Corporate Organizations

Employee, full- or part-time

Grant/Research Support

Consultant

Stock Shareholder

(directly purchased)

Honorarium

Other Financial or Material Support

Owner/Part Owner (*please specify*)

I understand that this form will be available for review by program participants.