



*Collaborating for Professional Growth*

## Speaker Disclosure Report re: Potential Sources of Conflict of Interest

Please check any of the following that may apply in the past two years:

I have received direct financial support from a pharmaceutical or medical technology company to present at an educational activity.

No\_\_\_ Yes\_\_\_

If yes company name(s):

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I participate in clinical trials, studies, or research with a pharmaceutical company.

No\_\_\_ Yes\_\_\_

If yes company name(s):

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I have had real or have potential financial gain from the success of the product, information, or service presented at the planned education session (other than usual clinical or professional income).

No\_\_\_ Yes\_\_\_

If yes provide details:

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Other possible real or apparent conflict of interest:

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_