

**RETURN BY FAX TO:** Kathy Paul      **Fax #** 847-680-1682

If questions, contact: KathyPaul@DLS.net      or    tel: 847-680-1666

**DISCLOSURE STATEMENT**

Conference Title:

Conference Date:

**Name:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Check one:**      Speaker      Planning Committee

Faculty and members of the Planning Committee are required to disclose whether or not they have any relevant commercial relationships. This must be made known in advance to the audience in accordance with the ACCME Standards of Commercial Support and as defined in the ANCC/CNA guidelines.

**MUST COMPLETE and SIGN A or B and SIGN C:**

<b>A. COMMERCIAL RELATIONSHIP</b> (attach a second page, signed, if additional relationships)		
Yes, I have financial interest/arrangement or affiliation with entities, which may be identified in my presentation at this continuing medical education program, as follows:		
Affiliation/Financial Interest:	Check if affiliated:	Identify commercial entity:
a) Grant/Research Support		
b) Consultant		
c) Speakers' Bureau		
d) Other e.g. spouse, family		
<b>Signature:</b>		
<b>B. NO RELATIONSHIP</b>		
No, I do not have any financial arrangement or affiliations with any commercial organizations offering financial support or educational grants for this continuing medical education program or with any other entity with a commercial interest in my topic.		
<b>Signature:</b>		
<b>Also complete and sign below, if applicable:</b>		
<b>C. OFF-LABEL USE</b>		
Yes, I will discuss off-label products.		No, I will not discuss off-label products.
<b>Signature:</b>		

Thank You! Your cooperation in complying with these guidelines is appreciated.