

The CFPC Mainpro+ Declaration of Conflict of Interest Form

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations

(Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.)

I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization.

Complete the sections below that apply to you now or during the past two (2) calendar years up to and including current year. Please indicate the for-profit and not-for-profit organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization(s). You must disclose this information to your audience both verbally and in writing.

	Company/organization	Details
I am a member of an advisory board or equivalent with a commercial organization.		
I am a member of a speakers' bureau.		
I have received payment from an organization (including gifts, other consideration, or in-kind compensation).	N/A.	
I have received/will be receiving a grant or an honorarium from a for-profit or not-for-profit organization.		
I hold a patent for a drug, product, or device.		

I hold investments in a pharmaceutical organization, medical device company, or communications firm, or not-for-profit organization.	N/A.	
I am currently participating, or have participated within the past two years, in a clinical trial.		
I have a relationship with one or more other for-profit or not-for-profit organizations that fund this program.		

Part 2

Only presenters, moderators, facilitators, and authors must complete this section.

	Circle one	N/A.	
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).	Yes		No

Part 3:

Check all that apply I am a:	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
	<input checked="" type="checkbox"/> Other (describe) <u>Student Member.</u>	<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator

Name/title of program/event:
FMWC Events/AGM.

Acknowledgment:
 I, Meera Mahendiran, acknowledge that I have reviewed the declaration form's instructions and guidelines, and that the information above is accurate. I understand that this

information will be publicly available.

Signature: Meera M

Date: 09/28/2018