

Disclosure of Financial Relationships

Name:					
Acti	vity:				
Activity Date:					
with	which you	or your spous		rvices, with the exemption of non-profit or government organizations of within the past 12 months. Inherent in any amount is the incentive to	
Seco	nd, describe	e your role (e	.g.: speaker, consultant, etc.).		
			Nature of Financial Relationship	(Include all those that apply)	
C	ommercial	Interest	What was received? Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit	For what role(s)? Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities' (please specify). Note: Contracted research includes research funding where the institution gets a grant and manages the funds. If you are a principal or named investigator on the grant you must disclose this information. If you are not named on the grant, you do not need to disclose.	
E.g.	Company	'X'	E.g. Honorarium	E.g. Speaker, Consultant	
If you have more relationships to disclose, please continue on the reverse side of this form.					
I do not have any financial relationships with any commercial interests.					
	I agree to the terms and conditions as outlined in Conflict of Interest Policies set by the American Society for Preventive Cardiology				
C;	Signature:				
oign	ature:			Date:	