



DRUGS & THERAPEUTICS ADVISORY BOARD
Public Testimony Registration & Conflict of Interest Disclosure Form

Name: _____

Title: _____

Company or Organization: _____

Contact Information:

E-mail: _____

Telephone: _____

Fax: _____

Preferred Route to Receive Confirmation Communication:

E-Mail: ☒ Fax: ☐

Name of Company/Organization you are speaking on behalf of:

Date of Meeting: _____

Drug/Product: _____

Therapeutic Drug Class: _____

Summary of Testimony:

Public Conflict of Interest Disclosure

This Conflict-of-Interest Disclosure Form should indicate whether the presenter(s) has/have an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the presentation of the offered material. The presenter(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federal, State and organizationally established regulations and guidelines in financial conflicts must be abided by.

Date: _____

Name: _____

Title: _____

Do you or an immediate family member, have a current or recent (within the last 24 months) financial arrangement or relationship, affiliation, transaction, or position you hold (volunteer or otherwise) with any organization that may have a direct interest in the business before the ILHFS Drugs and Therapeutics Advisory Board?

☐ I have **no** conflict of interest to report.

☐ I have the following conflict(s) of interest to report.

Please specify other nonprofit and for-profit Boards you or your immediate family member sit on, an for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

Name organizations and roles (please list all):

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Submit by Email