

SECTION A. IDENTIFYING INFORMATION

Name: Click here to enter text.	Title of Presentation: Click here to enter text.
Title of Conference: Click here to enter text.	Date of Presentation: Click here to enter a date.
Select the option that best describes your role: Lead Planner Presenter Choose an item.	

SECTION B. VESTED INTEREST

1. Have you received anything of value from a commercial supporter, which may have been perceived as direct or indirect interest in the subject(s) you are addressing in this educational activity? Choose an item.	
If yes to (1), please list the commercial supporter:	
If yes to (1), please describe your relationship: (select all that apply)	
<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Shareholder
<input type="checkbox"/> Consultant	<input type="checkbox"/> Grant/Research Support
<input type="checkbox"/> Major Stockholder	<input type="checkbox"/> No relationship
<input type="checkbox"/> Large Gift(s)	<input type="checkbox"/> Other, please describe Click here to enter text.
If yes to (1), How will conflict of interest be resolved? Click here to enter text.	
2. Describe professional experience and/or areas of expertise (including publications) related to the involvement Click here to enter text.	

3. Identify how you took part in the planning and evaluation of this activity:	
<input type="checkbox"/> Planned objectives/content	<input type="checkbox"/> Reviewed evaluation summary
<input type="checkbox"/> Planned time frame	<input type="checkbox"/> Will utilize evaluation to revise presentation as needed
<input type="checkbox"/> Planned teaching strategies	<input type="checkbox"/> Other, please describe Click here to enter text.

SECTION C. PRESENTER QUESTIONS (VESTED INTEREST)

4. Presenter: During your presentation, will you include discussion of an unlabeled or the investigational use of a product, device, or drug that has not been approved by the FDA? For the use being presented in this educational activity? Choose an item.	
If yes to (4) Please explain: Click here to enter text.	
If yes to (4) you must disclose this information during your presentation. Select the method of disclosure:	
<input type="checkbox"/> Handouts	<input type="checkbox"/> Verbally, during presentation
<input type="checkbox"/> Audiovisuals	<input type="checkbox"/> Other, please describe Click here to enter text.
If yes to (4), how will conflict of interest be resolved? Click here to enter text.	

5. Presenter: How will your presentation practice cultural awareness? Click here to enter text.
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SECTION D. BIOGRAPHICAL DATA. (PRESENTER MUST ALSO ATTACH CURRICULUM VITAE)

Name: Click here to enter text.	Home Address: Click here to enter text.
Employer: Click here to enter text.	Employer Address: Click here to enter text.
Phone: Click here to enter text.	E-Mail Address: Click here to enter text.
Present Position: (Title and Description) Click here to enter text.	

SECTION E. EDUCATION

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Please sign and date below*.

Step 1. Check the box below:			
<input type="checkbox"/> *By checking this box and typing my name below, I am electronically signing my form.			
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.			