



American Rhinologic Society
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CONFLICT OF INTEREST / FINANCIAL RELATIONSHIP
DISCLOSURE – 2010

Significant Financial Relationships: Significant financial relationships are defined as anything of monetary value (within the past 12 months) including, but not limited to:

- Salary or other payments for services (employment, Speaker's Bureau, Advisory Panel, Expert Witness, etc)
Consulting fees or honoraria
Equity interests including stocks, stock options, or ownership interests (excluding diversified mutual funds)
Intellectual property rights including patents, copyrights, royalties from such rights
Research funding
Or other financial benefit

Note: Significant financial relationships extend to financial relationships of your family and/or business partner(s).

Other Relationships: Other relationships that could cause private interests to conflict with professional interests.

ARS Officers, Board Members, Consultants to the Board, Committee Chairs and all elected Leadership: These individuals must complete and sign a disclosure/conflict of interest form in relation to the charge or any activities of the committee to which they are appointed.

ARS Independence in Continuing Medical Education (CME) Activities: Any individual who may be in a position to control CME content must disclose all relevant financial relationships or disclose that he/she has no relevant financial relationship

Check the appropriate box(s) to designate your participation in the ARS activities:

- Appointed Officer, Appointed Board Member, Appointed Consultant to the Board, Appointed Committee Chair, Appointed Committee Member, Appointed CME Program Chair

- Scientific Meeting Presenter (Please specify: COSM Meeting Annual Meeting)
Scientific Meeting Moderator (Date) (Date)

Presentation Title:

- Oral Presentation, Poster Presentation, Video Presentation

(Check one (1) box only)

- I have the following significant financial/other relationship(s), I have nothing to disclose

Table with 2 columns: Name of Commercial Interest(s), Nature of Relationship

Other relationship(s) that could cause private interests to conflict with professional interests:

FAILURE OR REFUSAL TO DISCLOSE WILL RESULT IN DISQUALIFICATION TO PARTICIPATE IN ALL ARS FUNCTIONS/ACTIVITIES

Full Name (Please Print) Signature:

Date: