

IAOM Financial Relationship Disclosure Form

Copy this page as many times as you need in order for us to have complete information regarding each of your relevant financial relationships. The Poster/Paper author/presenter has a relevant financial relationship that could influence the information presented in the poster/paper and could be perceived as a conflict of interest to the learners/viewers.

Poster Author's Name: _____ Date: _____

Financial relationship with (name of the Company/Organization): _____

What was received? (Check all that apply) Salary Consulting Fee Gift
 Grants Intellectual property rights Royalty Honoraria In kind Speaking Fee
 Hold patent on equipment Ownership interest (e.g. stocks, stock options or other ownership interests excluding diversified mutual funds) Other financial benefit

Please explain: _____

For what role? (Check all that apply) Employment Management position Consulting
 Teaching/speaking Board membership Ownership Membership on advisory committee or review panels Independent contractor (including contracted research)
 Other (Please describe): _____

IAOM Non-Financial Relationship Disclosure Form

Copy this page as many times as you need in order for us to have complete information regarding each of your relevant non- financial relationships. The poster/paper author/ presenter has a relevant non-financial relationship that could influence the information presented in the poster/paper and could be perceived as a conflict of interest to the learners/viewers.

Poster Author's/Presenter's Name: _____ Date: _____

Non-financial relationship with (name of the Organization): _____

What is the nature of the non-financial relationship? (Check all that apply) Personal
 Professional Political Institutional Personal interest Bias Other relationship

Please describe: _____

For what role? (Check all that apply) Volunteer Employment Volunteer teaching/speaking
 Volunteer consulting Board membership Volunteer membership on advisory committee or review panels Other volunteer activities (Please describe) _____

I attest that the information in this disclosure is accurate at the time of completion. I agree to notify the IAOM of any changes to this information between now and the presentation.

Signature: _____ Date: _____

Please complete and return to: Shira Kirsh IAOM2019postersession@gmail.com