

Conflict of Interest Disclosure Form

Personal Information

Full Name

Position / Title

Organization / Department

Email Address

Date

Disclosure of Conflict(s) of Interest

Do you currently have any financial or other relationships that may be viewed as a potential conflict of interest regarding your position or responsibilities?

- ☐ Yes
☐ No

If you answered "Yes", please describe in detail the nature of the relationship or interest:

Declaration

☐ I certify that the information provided above is complete and accurate to the best of my knowledge.