

Disclosure of Relevant Financial Relationships

Please complete and return to Elizabeth Wheeler via fax: 561-997-0287

Name of CME Activity: **19th Annual World Congress on Anti-Aging Medicine & Regenerative Biomedical Technologies, April 7-9, 2011 .**

Date/Location: **Marriott World Center Orlando, Florida**

Name: _____

To be completed by everyone in a position to control content of CME activity (Speakers, authors, planning committee, chairs, moderators, etc.....)

The Medical Educator Consortium, Inc. in accordance with the Standards of the Accreditation Council for Continuing Medical Education (ACCCME) has implemented a process where everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any commercial interest. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. In order to do this, please complete the enclosed disclosure statement and return it to us. This information is necessary in order for us to be able to move to the next steps in planning this CME activity. If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of this CME activity

Financial Disclosure Statement: *The intent of this policy is not to imply impropriety of such relationship, but simply to identify such relationships through full disclosure so that listeners may form their own judgments about the presentation with the full disclosure of the facts.*

List the names of proprietary entities producing health care goods or services, consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

<u>Affiliation/financial Interest</u>	<u>Name of Corporate Organization(s)</u>
Employment:	_____
Grant/Research Support	_____
Consultant:	_____
Speakers' Bureau:	_____
Stock Shareholder:	_____
Other:	_____

I do not have any relevant financial relationships with any commercial interests.

1. Will your presentation include discussion of any commercial products or services?
_____Yes _____no

2. Do you have a significant financial interest or other relationship with the manufacturers of any of the products or provider(s) of any of the services you intend to discuss?
_____Yes _____no

Additionally, you must also disclose at the time of presentation if your presentation includes the use of products for which are not labeled (e.g., off label use) or if the product is still investigational.

3. My presentation _____does _____does not include discussion of the use of product(s) for which they are not labeled (e.g., off label use) or is still investigational.

To be signed by above named person, acknowledging information completed above.

Signed _____ Date _____