



**RACP CONGRESS
MELBOURNE
6-10 MAY 2007**

DISCLOSURE FORM FOR PRESENTERS AND CHAIRS OF SESSIONS

Name of Presenter/Chair: _____

Title of Presentation: _____

Day presenting or chairing (tick):

Mon 7 May

Tues 8 May

Wed 9 May

Thurs 10 May

1. Have you received financial support from a commercial entity for any clinical or research activities connected to the subject of your presentation/s or do you have any other financial relationship with a commercial entity which might be perceived as having a connection with the presentation/s?

Yes

No

If yes, please list the manufacturer/s or provider/s and tick the relevant box below to describe the nature of the relationship. Please attach an additional sheet if required.

Significant financial interest disclosure:

Name of Manufacturer or Provider

A Speakers' Bureau _____

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G Other (describe): _____

2. I agree to immediately notify the Conference Secretariat if a significant new financial interest develops at any time prior to my presentation at the RACP Congress.

Signature

Date

Please return form to:

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