



DISCLOSURE FORM FOR PRESENTERS AND CHAIRS OF SESSIONS

Name of Presenter/Chair: _____

Title of Presentation: _____

Day presenting or chairing (tick):

Mon 12 May

Tues 13 May

Wed 14 May

Thurs 15 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	_____
B	Consultant	_____
C	Research Support	_____
D	Company Advisory Board	_____
E	Employee	_____
F	Stockholder	_____
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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