**DISCLOSURE FORM FOR ORGANIZER / PLANNER**

**ACTIVITY DATE:**

**VENUE OF ACTIVITY:**

**ACTIVITY TITLE**

I solemnly affirm: **DISCLOSURE**

 I do not have a financial relationship since last 24 months with any ineligible company nor does the educational activity being organized has any financial relationship with such company. (ineligible company means an entity whose primary business is producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on patients and there are no conflicts of interest to disclose).

 OR

 In case of any financial relationship please state the specific nature of such relationship: (Cash or kind. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of amount).

* Name of the organization of financial relationship:
* Exact nature of the relationship:

Owner\_\_\_\_\_\_\_ Employee \_\_\_\_\_\_\_\_ Any Other\_\_\_\_\_\_\_\_\_\_\_\_

* Duration of relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Terms & conditions of the relationship (attach copy of agreement)

**All persons involved in organization of the activity to submit the following statement**

The content and presentations of the CME activity do not include any material for promotion and marketing of any product.

Name: Designation:

Institution: CPSP ID/Fellow No.:

CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_