



## SPEAKER CONFLICT OF INTEREST DECLARATION

It is the policy of the National Multiple Sclerosis Society to insure balance, independence, objectivity and scientific rigor in all its individually sponsored or jointly sponsored educational programs. All faculty participating in any National MS Society sponsored programs are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the program. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. **The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified only so that the listeners may form their own judgments about the presentation with the full disclosure of the facts.** Your cooperation in complying with these guidelines is appreciated.

Self-Help Group: \_\_\_\_\_ Date of Presentation: \_\_\_\_\_

Presentation title/subject: \_\_\_\_\_

Presenter's name (*please print or type*): \_\_\_\_\_

Professional title/credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Would you like to be on our professional mailing list? Yes \_\_\_\_\_ No \_\_\_\_\_

Please sign and date the following provision:

I understand that the program content is to be balanced, objective and scientifically accurate and agree as a speaker not to promote one product or service over another.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Support group leader's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form two weeks prior of presentation date.**

Community Program Manager  
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