



Employees of Industry or Pharmaceutical Commercial Interests Declaration Form

Supersedes: none

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Effective Date: March 7, 2022

Please check one:

- I am an employee of the scientific division of my company – my attendance is strictly for my own professional development. My title is: _____
- I am an employee with the sales division, however I am attending this program because I am also a health care professional – my attendance is strictly for my own professional development. My profession is: _____
- I am another type of learner – my attendance is strictly for my own professional development. (Please describe): _____

I confirm I understand the following:

- I am attending this event for my own professional development, and not as a representative of my company.
- I will not wear clothing with any product logos or branding while in the learning space.
- I will not discuss my company or products during the learning session.

**Please note – attendance of any employees of industry or pharmaceutical companies must be approved by the program planning committee, and may be subject to higher registration fees that are not subsidized.*

Name

Signature

Date

Approved by Faculty Board Executive: March 7, 2022