**Conflict of Interest Disclosure Form**

|  |
| --- |
| Name: |
| Date: |

**Disclosure of Relevant Financial Relationships: Disclose only where the relationship is associated with the content of the activity.** List the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on patients. With the exemption of non-profit or government organizations, and with which you or your spouse/partner have, or have had, a **relevant financial relationship** at any time between January 1, 2017 through the date this form is signed.

With respect to this Governing Council position, (check **one**):

**No,** I (nor my spouse/partner) do not have a relevant financial relationship**.**

**Yes**, I (and/or my spouse/partner) do have a relevant financial relationship. Describe below:

|  |  |
| --- | --- |
| **Nature of Relevant Financial Relationship  (choose all that apply)** | **Name of Company(s)** |
| Consultant |  |
| Speaker’s Bureau |  |
| Grant/Research Support (Secondary Investigators need not disclose) |  |
| Stock Shareholder (self-managed) |  |
| Honoraria |  |
| Full-time/Part-time Employee |  |
| Other (describe): |  |

**Full World Sleep Society Conflict of Interest Policy is available:** [**http://worldsleepsociety.org/conflict-of-interest-policy/**](http://worldsleepsociety.org/conflict-of-interest-policy/)

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