VERIFICATION OF DISCLOSURE OF INTEREST

NAME OF ACTIVITY________________________________________________________
(please print)

ACTIVITY DIRECTOR________________________________________________________

ACTIVITY DATE____________________________________________________

I certify that disclosure of financial interest for all speakers at the above-named CME activity was made in the following way:

___     Verbal - as part of introduction

___     Written - as part of hand-out (please attach)

___     Written - on a slide

___     Other - please describe below

_________________________________________________________________
_________________________________________________________________

Signed ___________________________________________________________