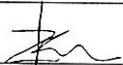


**Disclosure of Conflict of Interest**

<b>Date of CPD Activity:</b>	October 2, 2026		
<b>Title of CPD Activity:</b>	41st Annual Feldman Lecture		
<b>What is your role in the CPD activity?</b>	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input checked="" type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other ( <i>describe</i> )		
<b>Complete details of any financial affiliations you have or have had in the last 2 years with for-profit and not-for-profit organizations, below:</b>			
<b>Nature of relationship(s)</b>	<b>Name of for-profit or not-for-profit organization(s)</b>	<b>Description of relationship(s)</b>	
Any direct financial payments, gifts, in-kind compensation or honoraria	AMS Healthcare (non profit) Rotman School of Management (non profit) Talk Boutique (for profit speaker's bureau) various	AMS 3 day/week contract as Chief Program officer Rotman School adjunct faculty, teach various courses Talk Boutique keynote speaker with	
Membership on advisory boards or speakers' bureau	Talk Boutique (speaker's bureau)		
Funded grants or clinical trials			
Patents on a drug, product or device; royalties			
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity.			
<b>To be completed by speakers, moderators, facilitators and authors only:</b>			
I intend to make therapeutic recommendations for medications that have not received regulatory approval ("off-label" use of medication). <i>Declare off-label use to the audience.</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I acknowledge that the <u>National Standard</u> requires me to use generic names (or both generic and trade names) to refer to therapeutic options; and not reflect exclusivity or branding.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> <b>I Agree</b> By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.			
<b>Name:</b>	<i>Please Print</i> Zayna Khayat		
<b>Signature:</b>		<b>Date:</b>	March 1 2026

Complete and return to:  
 By email:   
 By Fax: