

**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 checked="" type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator


**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:**

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments, gifts, in-kind compensation or honoraria	None	
Membership on advisory boards or speakers' bureau	None	
Funded grants or clinical trials	None	
Patents on a drug, product or device; royalties	None	
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.	None	

**To be completed by speakers, moderators, facilitators and authors only:**

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

**I Agree** 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>	Please Print <span style="margin-left: 100px;">Nicole Tomiuk.</span>	
<b>Signature:</b>		<b>Date:</b> June 2/2026

Complete and return to:

By email:

By Fax: