

Disclosure of Conflict of Interest

Date of CPD Activity:	October 2, 2026		
Title of CPD Activity:	41st Annual Feldman Lecture		
What is your role in the CPD activity?	<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>)		

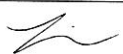
Complete details of any financial affiliations you have or have had in the last 2 years with for-profit and not-for-profit organizations, below:

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	Harvard Medical School Center for Bioethics; Data & Society nonprofit; Grey Nuns Community Hospital Gre	Speaker Honorarium; Panelist and workshop honorarium; Speaker Honorarium
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.

Name:	Please Print Marlynn Wei		
Signature:		Date:	2/24/26

Complete and return to:
 By email:
 By Fax: