

Disclosure of Conflict of Interest

Date of CPD Activity:	October 3, 2025		
Title of CPD Activity:	40th 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 (describe)		
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	Compass pathways plc Takeda Sun pharma	Full time Chief Medical Officer CME speaker CME speaker	
Membership on advisory boards or speakers' bureau	Signant Health Parthenon Management Group	Chair of Scientific Advisory Committee Board of Directors	
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.	Compass pathways plc	Shares and share options	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge that the National Standard 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"/> 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 Dr Guy Goodwin		
Signature:	Guy Goodwin	Digitally signed by Guy Goodwin Date: 2025.02.01 15:48:05 Z	Date: 1 Feb 2025

Complete and return to:

By email:
 By Fax:

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 University of Calgary