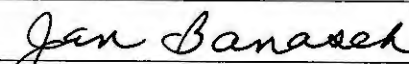


Disclosure of Conflict of Interest

Date of CPD Activity:	October 3, 2025		
Title of CPD Activity:	40th Annual Feldman Lecture		
What is your role in the CPD activity?	<input checked="" type="checkbox"/> Member of the scientific planning committee	<input checked="" type="checkbox"/> Moderator	<input 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	N/A		
Membership on advisory boards or speakers' bureau	N/A		
Funded grants or clinical trials	N/A		
Patents on a drug, product or device; royalties	N/A		
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.	N/A		
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
<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. Jan Banasch		
Signature:			Date: 15.1.25

Complete and return to:

By email:

By Fax:

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