



Educational Programs – Conflict of Interest Form

Illinois Society of Oral and Maxillofacial Surgeons (“ISOMS”) will disclose to attendees at any programs, any financial arrangements with speakers, including any commercial support to attendees, at any of its educational programs. In addition, speakers are asked to make any such disclosures at the beginning of their presentations.

Conflict of Interest Declaration

I, the undersigned, declare that neither I nor any member of my family has a financial arrangement with any corporate organization offering financial support or grant monies regarding my continuing dental education presentation at the ISOMS program.

Print Name _____ Signature _____

Date _____

I, the undersigned (or an immediate family member) have a financial interest/arrangement or affiliation with a corporate organization offering financial support or grant monies for or related to the content of my continuing dental education presentation at the Illinois Society of Oral and Maxillofacial Surgeons program as follows (there is no need to disclose the actual financial value of any affiliation):

Affiliation/Financial Interest	Corporate Organizations
Employee, Full or Part-time	_____
Grant/Research Support	_____
Consultant	_____
Stock Shareholder	_____
Honorarium	_____
Other Financial or Material Support	_____
Owner/Part owner (specify)	_____

I understand that this form will be available for review by program participants.

Name _____

Please return by email to IllinoisOMS@gmail.com or by fax to 847-574-0445.