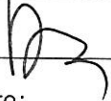


**Disclosure of Conflict of Interest**

<b>Date of CPD Activity:</b>	November 10th, 2023		
<b>Title of CPD Activity:</b>	38th Annual Feldman Lecture		
<b>What is your role in the CPD activity?</b>	<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 ( <i>describe</i> )		
<b>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:</b>			
<b>Nature of relationship(s)</b>	<b>Name of for-profit or not-for-profit organization(s)</b>	<b>Description of relationship(s)</b>	
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		
<b>To be completed by speakers, moderators, facilitators and authors only:</b>			
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"/> <b>No</b>
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"/> <b>Yes</b> <input type="checkbox"/> No
<input checked="" type="checkbox"/> <b>I Agree</b> 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>	<i>Please Print</i> David LeBaron		
<b>Signature:</b>			<b>Date:</b> April 11th, 2023

Complete and return to:  
 By email:   
 By Fax:

Document revised May 28, 2020  
 Created by CME & PD  
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