Whistler 2008

COS Annual Meeting and Exhibition   Congrès et exposition annuels de la SCO
June 11-14   Du 11 au 14 juin
Fairmont Chateau Whistler   Fairmont Château Whistler

Disclosure Form for Presenters

As an accredited CME sponsor, the Canadian Ophthalmological Society must disclose to the program audience any real or apparent conflict(s) of interest related to the content of your presentation(s).

1. **Financial disclosure:** Having an interest or affiliation with a commercial company does not prevent a speaker from making a presentation, but the relationship must be made known in advance to the audience, in order to ensure balance, independence, objectivity, and scientific rigor in all sponsored educational activities. All presenters and organizers at the meeting MUST disclose any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and / or provider(s) of any commercial services. You are also required to include a PowerPoint slide stating any financial interests (slides available on the COS website at eyesite.ca).

Title of presentation(s): _____

_____

❑ **I have/had** an affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of my presentation(s).

Financial Interest/Affiliation	Name of Commercial Company(s)
Grant/Research Support	
Employment/Honoraria/Consulting Fees	
Major Stock Shareholder	
Membership on an advisory panel, standing committee, or board of directors	
Other Financial or Material Interest	

❑ **I do not have** any affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of my presentation(s)

2. **Reference(s) to off-label drug use:** The Canadian Medical Association Policy, "Physicians and the Pharmaceutical Industry (Update 2001)" indicates that:

If unapproved uses of a product or service are discussed, presenters must inform the audience of this fact. Faculty must disclose to the participants at CME/CPD events any financial affiliations with manufacturers of products or service providers mentioned at the event or with manufacturers of competing products or providers of competing services.

If applicable, please list all references to off-label drug use in your presentation (use generic drug names):

Drug Name: _____

Drug Name: _____

_____

Presenter Name: _____   **Date:** _____

Signature: _____

**Please return your completed form to the Canadian Ophthalmological Society
by fax to: 613-729-7209 prior to May 1st, 2008**