



The Royal Australasian
College of Physicians



RACP Congress 2011 Darwin

22 – 25 May | Darwin Convention Centre

DISCLOSURE FORM FOR PRESENTERS AND CHAIRS OF SESSIONS

Name of Presenter/Chair: _____

Title of Presentation: _____

Day presenting or chairing (tick):

Sun 22 May Mon 23 May Tues 24 May Wed 25 May

1. Have you received financial support from a commercial entity for any clinical or Research activities connected to the subject of your presentation/s or do you have any other financial relationship with a commercial entity which might be perceived as having a connection with the presentation/s?

Yes No

If yes, please list the manufacturer/s or provider/s and tick the relevant box below to describe the nature of the relationship. Please attach an additional sheet if required.

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2. I agree to immediately notify the Congress Secretariat if a significant new financial interest develops at any time prior to my presentation at the WCIM 2010 Melbourne in Conjunction with Physicians Week.

Signed: _____ Date: _____

Please return form to:
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