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Redlands, CA 92374
866-631-2232

Conflict of Interest Declaration

PLEASE COMPLETE ONLY ONE BOX.

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement with any corporate organization offering financial support or grant monies in regards to my continuing dental education presentation at the _____.

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, Awaken 2 Sleep Implementation Coaching Package**, 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

(directly purchased)

Honorarium

Other Financial or Material Support

Owner/Part Owner (*please specify*)

Owner and President _____

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

Print Name

Signature

Date