



**CONFLICT OF INTEREST ANNUAL DISCLOSURE AND CHANGE IN CIRCUMSTANCES
FORM
Appendix C**

This form is required pursuant to the Institute's Policy on Conflict of Interest for Institute's Board Members. This form is required to be signed every year as long as you remain as a Board Member or if there are any changes in circumstances.

PERSONAL INFORMATION

a) Name: _____

b) Position: _____

c) Date of last disclosure (if applicable): _____

___ I have nothing to report

___ I have the following changes in my circumstances since the date of the last disclosure that may contribute to a conflict of interest.

1. _____

2. _____

3. _____

I understand that I am required to advise the Executive Secretary of any changes in circumstances that may affect this disclosure. I also understand that if I become aware that I am in a conflict of interest situation during a Board of Directors meeting, I shall declare so and not participate in the discussion on the subject matter nor will I vote on the subject matter in question. I hereby certify that the information set forth above is true and complete to the best of my knowledge.

SIGNATURE

DATE