

Pennsylvania Medical Society Disclosure Statement

PLEASE RETURN SIGNED FORM. THANK YOU.

Name:

To avoid the occurrence of potentially harmful conflicts of interests as I perform my duties as a Board member, I submit the following information:

1. All financial holdings of myself or of my extended family members that constitute five percent or more interest in a business, partnership, corporation, or other entity:

2. All memberships on other boards:

3. All employment or contractual relationships for services with any health-related organization or any supplier of goods or services to the Pennsylvania Medical Society or its subsidiaries for myself or for my immediate family member

4. Any other involvement where actions of the Society may result in material financial benefit to me or a member of my extended family:

5. The information I provided above is accurate and complete to the best of my knowledge. I agree that if any additional covered relationships, interests, or situations should arise in the future, I will promptly advise the General Counsel.

Date _____ Signature _____



Pennsylvania
MEDICAL SOCIETY®

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