



Conflict of Interest Disclosure Form

(Please print) your full Name: _____

For you, your spouse, if any, and all family members, please describe below any relationships, transactions, positions held (volunteer or otherwise), or circumstances that could present a conflict of interest between your service to IACE and your personal and/or family interests. For purposes of this description, a “conflict of interest” means a situation or circumstance that may impact your ability to be impartial and unbiased in your service to IACE (i.e., ANY chiropractic relationships, positions, memberships, etc., OTHER than IACE.)

_____ I have no conflict of interest to report

Or

_____ To provide full transparency, I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (spouse/family member) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of IACE.

Signature: _____ Date: _____