

**2011 DISCLOSURE OF POSSIBLE CONFLICT OF INTEREST RELATIONSHIPS**

**IN THE PREVIOUS TWELVE MONTHS**

I (please print name clearly), JOEL WEXCHIN am completing this form

as an individual member                       on behalf of my organisation

I/my organisation receive funding from the following sources (please list completely):

.....  
 .....

**Please tick as appropriate**

- A.  To the best of my knowledge, neither I, nor any member of my immediate family, have any financial relationship or other beneficial interest with a pharmaceutical company or any proprietary entity producing health care goods or services that might constitute a conflict of interests.
- B.  I have, or an immediate family member has, a financial relationship or other beneficial interest with a pharmaceutical company or another proprietary entity producing health care goods or services that might constitute a conflict of interests.

If you tick B above, please indicate the relationship(s) below. If you are uncertain about any potential conflict of interest, or believe you may have a conflict of interest not listed, please note it in the table below.

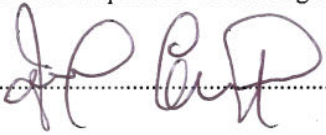
- |                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| Self                     | Family Member                               | Self                     | Family Member   |
| <input type="checkbox"/> | <input type="checkbox"/> Directorship       | <input type="checkbox"/> | <input type="checkbox"/> Accepting gifts and promotional items            |
| <input type="checkbox"/> | <input type="checkbox"/> Research Grants    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> Educational Grants | <input type="checkbox"/> | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds)     |
| <input type="checkbox"/> | <input type="checkbox"/> Speakers' Bureaus  | <input type="checkbox"/> | <input type="checkbox"/> Employment                                       |
| <input type="checkbox"/> | <input type="checkbox"/> Ownership          | <input type="checkbox"/> | <input type="checkbox"/> Corporate Partnership                            |
| <input type="checkbox"/> | <input type="checkbox"/> Consultant for Fee | <input type="checkbox"/> | <input type="checkbox"/> Accepting commercial advertising in publications |
| <input type="checkbox"/> | <input type="checkbox"/> Free Travel        | <input type="checkbox"/> | <input type="checkbox"/> Other (note in table below)                      |

Please indicate the names of the pharmaceutical or medical devices companies or other organisations with which you have a financial relationship and which may present a conflict of interest. Please also specify the nature and extent of any benefit.

| Name of company or organisation | Nature and extent of benefit |
|---------------------------------|------------------------------|
|                                 |                              |
|                                 |                              |
|                                 |                              |

I declare that this information is correct and no other competing interests are known to me. I undertake to inform the HAI Europe office of any change in these circumstances.

This document will be kept in the HAI Europe office and made public to every interested HAI member only by request. This disclosure of possible conflicting interests will be updated annually by each member of the HAI Europe Association.

Signature: 

Date: 08/06/11