AGREEMENT TO COMPLY WITH SNS CONFLICT OF INTEREST POLICIES

SNS Executive Council voted to adopt the conflict of interest policy and Corporate Guidelines of the AANS. These disclosures will be posted on the public side of the SNS website.

Please review and sign.

Documents included with this form:
SNS Conflict of Interest Policy
AANS Corporate Guidelines

Please review the attached documents and INITIAL each statement. Return this form to SNS Secretary’s Office with the Conflict of Interest Disclosure Statement, and if applicable, the Conflict of Interest Declaration Form.

I have received and read the SNS Conflict of Interest Policy, and have attached the Conflict of Interest Disclosure Statement and, if applicable, the Conflict of Interest Declaration Form.

I have received and read the AANS Corporate Guidelines, and understand that my decisions as an SNS Executive Council member must conform to this policy.

Name: ____________________________

Return either by email, mail or fax to: Siobhan Baxter
Executive Assistant
Society of Neurological Surgeons
3303 SW Bond Avenue, Mail code: CH8N
Portland, OR 97239
Or FAX to: 503-346-6810
SNS CONFLICT OF INTEREST DECLARATION FORM

Return this form if you checked (b) on the Conflict of interest Disclosure Statement.

Examples of Affiliation and Financial Interest Conflicts

Grants/Research Support

Consultant Fees

Stock Shareholder
(purchased direct, i.e. not through Mutual Fund, retirement package, etc.)

Honorarium

Other Financial Support

Gifts over the value of $100.00
(merchandise, entertainment, travel, etc.)

Board, Trustee or Officer Position

Other, please list each separately:

List the involved Association, Organization, Corporation

N.I.H.

SNS F I E N's

Foundation for International Education in Neurological Surgery

NOTE: The above list of examples is provided by SNS to assist you to categorize any potential conflicts and serve as a checklist. It is not meant to be inclusive of all potential conflict situations.