This form MUST be returned by all SNS Executive Council Members

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 CNS. 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
- CNS 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 the attached the Conflict of Interest Disclosure Statement and, if applicable, the Conflict of Interest Declaration Form.

☐ I have received and read the CNS Corporate Guidelines, and understand that my decisions as an SNS Executive Council Member must conform this policy.

Signature: _____ 12/6/24

Please return by e-mail to Lisa Mastrino at lmastrino@gmail.com

This form MUST be returned by all SNS Executive Council Members, Committee Members and Management Staff.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

For Executive Council Members, of The Society of Neurological Surgeons

I have reviewed and understand the SNS's policy regarding Conflict of Interest, attached hereto. I hereby certify that to the best of my knowledge, no aspect of my current personal or professional circumstances places me in the position of having a conflict of interest with my duties, responsibilities and exercise of independent judgement as an Executive Officer of SNS.

☐ The foregoing statement is true without exception.

☒ The foregoing statement is true except as reported on The declaration form attached.

I acknowledge my continuing obligation to report to SNS, promptly and in writing, any change in my circumstances which places me in a position of having a private interest which conflicts with any interest of SNS or with my obligations for SNS.

I further acknowledge that, if there is any case where my private interest may conflict with the interests of SNS during Executive Council or Committee deliberations, I will indicate that I may have a conflict and abstain from any vote of that issue.

Dated this 6 **day of** December, **20** 21.

SEYEDEH Amin-Hanjani, MD

NAME

SIGNATURE

Please return by e-mail to Lisa Mastrino at lmastrino@gmail.com

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 Interests Conflicts	**List of involved Association Organization, Corporation**
Grants/Research Support	NIH
Consultant Fees	
Stock Shareholder (Purchase 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	AANS Board of Directors
Other, please list each separately:	ACGME Neurological Surgery RC member. AHA/ASA Stroke Council Leadership Committee member. International Neurosurgical Society Board AANS Committee on Resident Education

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.