

SPEAKER INFORMATION FORM

Name: _____ **Phone:** _____ **Cell:** _____
Fax: _____ **Email:** _____ **Home:** _____

Assistant's contact information:

(This information will NOT be released. It is strictly to be used for the planning of this event)

You are requested to present at the following:

Program:

Topic:

Location:

Date:

Time Requested to Present:

Disclosure of Potential Conflicts of Interest

Speakers for all CHSE programs organized by Continuing Health Sciences Education & Conference Services, McMaster University of Hamilton, ON, are required to disclose any involvement with industry that might give a perception of bias in their presentation. The following is a list of requirements of the CHSE disclosure guidelines:

- Disclosure must be done using a slide at the beginning of the presentation and must be addressed in the presentation.
- Speakers who have no involvement with industry should inform the audience that they have nothing to disclose i.e. can not identify any potential conflict of interest.
- Continuing Health Sciences Education & Conference Services (CHSE) will not assume responsibility to disclose on behalf of speakers.

I have **NO** Potential Conflict of Interest for this presentation.

The questions below are based on the disclosure policy. **If you answer YES to any of these questions, we recommend that you declare your Potential Conflict of Interest at the BEGINNING of your presentation.**

Regarding a company or companies who have an interest in the content covered by this presentation:

Check if "yes" and provide the name of the Company or Companies after each question:

- Do you have any direct financial interest in any company whose interests are in the area(s) covered by the presentation material ("Company")?
- Do you hold investments in the Company?
- Are you a member of an Advisory Board or similar committee of the Company?
- Are you currently participating, or have you recently participated, in a clinical trial sponsored by the Company?
- Are you participating in clinical studies using products produced by the Company?
- Have you assisted in the design of clinical studies concerning the use of products manufactured by the Company?
- Has the Company sponsored any of your research in this area?
- Have you received payment or an honorarium from the Company for speaking?
- Do you hold a patent for a product referred to in the presentation or marketed by the Company?
- Do you have a financial affiliation with a company, which is not sponsoring this event but has competing products or services as the sponsor(s)?



Continuing Health Sciences Education

Faculty of Health Sciences
Michael G. DeGroot Centre
For Learning and Discovery
Juravinski ERDC, Room 3510
1200 Main Street West
Hamilton ON L8N 3Z5

Phone: 905-525-9140 x 26327
Fax: 905-572-7099
Email: silla@mcmaster.ca
<http://www.fhs.mcmaster.ca/conted>

In principle, the audience should be aware of any potential biases a teacher may have in the presentation of material. In many events, such as sponsored visiting lectureships or conferences underwritten by educational grants from industry, there is an explicit recognition of the nature of the sponsorship. Armed with this knowledge, an audience can properly evaluate the content of the presentations or teaching.

The following are examples of disclosure statements:

I, presenter, have no affiliations, sponsorships, honoraria, monetary support or conflict of interest from any commercial source.

Or

Presenter perceives no conflict of interest with this presentation but presents companies that he/she has worked with or consulted for. List companies:

A/V Requirements

Please indicate what you would like available for your presentation:

- LCD & computer
- LCD only (will bring your own computer)
- Laser Pointer
- Flipchart
- Other, please specify: _____

Biography

- Short Biography (please email a one paragraph Biography that is required for introduction purposes)**

***Please forward all information to silla@mcmaster.ca by DATE**

Slide/Handout Presentation

- Slide Presentation (in POWERPOINT Format).**
- Handout Slide Presentation (no more than 24 slides/preferably 3 per page)**

Please forward to Angela Silla (silla@mcmaster.ca) by DATE (2 weeks prior) to ensure that there is sufficient time to print the material. **Please DO NOT FAX your handout material, please forward either by email or mail.**

In addition, we would appreciate it if you could forward the final Power Point presentation to **Angela Silla (silla@mcmaster.ca) by DATE (1 week prior)** at the latest so that it can be loaded onto the presentation computer and checked. In addition, please bring a copy on a flash drive. **PLEASE NOTE THAT THE TALK WILL BE DELETED AFTER THE CME DAY AND NO COPIES WILL BE MADE OR DISTRIBUTED UNLESS EXPLICITLY AGREED TO BY YOU.**

Acceptance (circle agree or disagree and please sign)

I (**Agree / Disagree**) to present on the topic requested, and in the event that I am unable to do this, it is my responsibility to find a replacement unless an emergency warranted my absence.

If your material has not been received by the deadline requested above I understand that it is my responsibility to provide my own printed material on the day of the event.

Signature

Date

**PLEASE FORWARD YOUR COMPLETED FORM TO:
ANGELA SILLA via FAX 905-572-7099 or EMAIL silla@mcmaster.ca**



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Honoraria

PROGRAM NAME AND DATE: _____

Name: _____

Home address: _____

City, Province: _____

Postal Code: _____ Phone Number: _____

Indicate your preference of payment:

Employee of McMaster University

Honoraria payments are processed through McMaster University payroll system. No deductions are withheld from your payment. As per CRA regulations, a T4A will be issued to you. Honorarium payment will be deposited into employee's designated bank account.

McMaster University Employee Number: _____

Social Insurance Number: _____

Date of Birth: _____

Not an employee of McMaster University

Cheque will be mailed to address specified above.

Honoraria payment into Business Account

Honoraria payments to limited or incorporated companies, partnerships, associations and groups are paid through Accounts Payable on a cheque requisition. The cheque will be mailed to the address specified below. The following information is required to process the cheque:

Name of Business: _____

Business Address: _____

City, Province, Postal Code: _____

GST/Business Number: _____

Signature

Date

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 ANGELA SILLA via FAX 905-572-7099 or EMAIL silla@mcmaster.ca**