

**SPEAKER / FACULTY INFORMATION SHEET
SESPRS ANNUAL SCIENTIFIC MEETING
JUNE 2-6, 2012**

Please return by 1/31/2012 to:
**SESPRS
12100 Sunset Hills Road, #130
Reston, VA 20190
Phone (703) 234-4067
Fax: (703) 435-4390
E-mail: pdoherty@drohanmgmt.com**

AUDIO VISUAL NEEDS

- | | |
|---|--|
| <input type="checkbox"/> LCD Projector | <input type="checkbox"/> N/A (I will supply my own equipment) |
| <input type="checkbox"/> Computer/ Laptop | <input type="checkbox"/> Other (please provide details below): |

All Faculty are asked to review and agree to the following:

CONFLICT OF INTEREST STATEMENT

In order for the audience at an educational program sponsored by the Southeastern Society of Plastic and Reconstructive Surgeons to evaluate properly information, analysis and opinions presented during the program, it is important that the audience be informed of any aspect of a faculty member's, facilitator's or committee/staff member's personal or professional conflicts/circumstances which might affect their attitude or judgment regarding the particular matter under consideration. Therefore, each individual having influence over the educational content must identify any aspect of his or her personal or professional circumstances which could affect their view of the subject under discussion. Circumstances calling for disclosure could include, but are not be limited to:

1. Receipt of financial support from a manufacturer or other commercial support for research activities or other scientific work reported on in the program.
2. A personal financial interest in a company whose product is discussed as part of the subject matter of the program.
3. Commercial support for this activity, e.g., loan of equipment, educational grant, honorarium, etc.

UNAPPROVED 'OFF-LABEL' USAGE POLICY

Faculty members and others are also requested to refrain entirely from any references to unapproved or 'off-label' use of medications or devices as to which a disclosure has been made. All faculty/participants shall be informed that if any unapproved or off-label use of a product is to be referenced in a CME program presentation, the faculty member/participant shall be required to disclose that the product is either investigational or that it is not labeled for the usage being discussed. Any faculty member/participant who either fails to fully disclose relevant relationships with a commercial entity, or who violates the prohibition on discussion of the related unapproved or off-label usage, shall be precluded from consideration for future presentations at SESPRS CME events/programs. SESPRS shall convey any information disclosed by the faculty member/participant to the CME program audience by:

1. including a description in the printed program;
2. by display of the information on a slide shown in the meeting room at the time of presentation; and
3. by the statement being read aloud by the moderator preceding the faculty member's/participant's presentation.

CONTENT VALIDATION

SESPRS expects that all of its CME programs will adhere to the ACCME's validation statements. Specifically, all the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients or otherwise be noted as personal opinion based on clinical experience. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Please contact SESPRS if you do not feel your presentation can meet these Standards.

PRESENTER'S ACCEPTANCE OF RESPONSIBILITY

I acknowledge that I have read and considered the listed above. I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstances might reasonably be expected to affect my views on the subject on which I am presenting, expect those as indicated on the following page.

1. I understand and will ensure that my presentation will adhere to the ACCME's validation statements.
2. I understand that my presentation is to contain no mention of any products or services offered to which I have any direct or indirect connection which I have not disclosed in this conflict of interest statement.
3. I understand that my presentation is to contain no mention of any unapproved of "off-label" use of medications or devices which have not been disclosed here.
4. I certify that all photographic material presented is done with the appropriate medical/patient releases for photography and subsequent use in presentations.
5. I certify that all printed material presented is done with the permission of the author, and that my use of such materials will not violate copyright laws.
6. I will promptly disclose any actual or apparent conflicts of interest that may arise after I sign this form, but before I give my presentation.
7. I understand that no advertising or promotion of any products or services (including authored books, videos, DVD's or other printed or electronic media) will take place during my presentation or in the space where this CME activity is provided.
8. I understand that the SESPRS is not responsible for the content of my presentation, and I accept full responsibility for the presentation of appropriate and ethical material.

Name (as you would like to appear in the program): _____

Office / Practice Name: _____ Phone or E-mail: _____

Signature: _____ Date: _____

**SESPRS Speaker / Faculty Disclosure Declaration
Annual Scientific Meeting 2012**

PLEASE COMPLETE ALL SECTIONS (This form must also be returned.)

1) Will your presentation include discussion of any commercial products or services?

Yes _____ No _____ (If No, skip to question 2.)

If yes, do you have a financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you intend to discuss? *(Financial interest or other relationships can include such things as employment, honoraria, consultancies, speaker's bureau, stock ownership or options [other than mutual funds], expert testimony, grants received or pending, patents pending, royalties, etc. occurring within the past 12 months.)*

Yes _____ No _____

If yes, please list the manufacturer(s) or providers(s) and describe the nature of the relationship(s).

2) This activity may be supported by a grant from commercial supporters (see program for listing). Do you have a relationship(s) with potential commercial supporter(s) of this activity? *(Please note that additional commercial support for the meeting may be obtained following the completion of this survey. Any relevant financial/other relationships identified following the completion of this survey will need to be disclosed prior to the start of your presentation.)*

Yes _____ No _____

If yes, please list commercial supporter(s) and describe the nature of the relationship(s).

3) My presentation will not mention any unapproved or "off-label" use of medications or devices which I have not disclosed here:

Name (as you would like to appear in the program): _____

Office / Practice Name: _____ Phone or E-mail: _____

Signature: _____ Date: _____