



## Conflict of Interest Disclosure Statement

Please initial in the space at the end of Item A or complete Item B, whichever is appropriate; complete the balance of the form; sign and date the statement; and return it to the Celiac Disease Foundation (CDF) National Office.

A. I am not aware of any relationship or interest or situation involving my family or myself that might result in, or give the appearance of being, a conflict of interest between such family member or me on one hand and CDF on the other.

Initials: \_\_\_\_\_

B. The following are relationships, interests, or situations involving me or a member of my family that I consider might result in or appear to be an actual, apparent, or potential conflict of interest between such family members or myself on one hand and CDF on the other.

Initials: \_\_\_\_\_

Corporate (either nonprofit or for-profit) directorships, positions, and employment:

\_\_\_\_\_

Memberships in the following organizations:

\_\_\_\_\_

Contracts, business activities, and investments with or in the following organizations:

\_\_\_\_\_

Other relationships and activities:

\_\_\_\_\_

My primary business or occupation at this time:

\_\_\_\_\_

I have read and understand CDF's Conflict-of-Interest Policy and agree to be bound by it. I will promptly inform the CDF National Office of any material change that develops in the information contained in the foregoing statement.

\_\_\_\_\_  
Type/Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date