#155

COMPLETE

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Page 2: Part 1

Q1

Title of activity

CSACI Annual Meeting

Q2

Date of activity

October 17/25

Q3

What is your role in the CPD activity? (Select all that apply)

Speaker

Q4

What's your practice type?

Community Practice

Q5

Please indicate:

I HAVE a relationship with a for-profit and/or a not-for-profit organization to disclose.If so, please indicate below (questions 5 to 10) the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Q6

Any direct financial payments including receipt of honoraria

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**L'Oreal (Cereve), Medexus, GSK, Sanofi**
Description of relationship(s)	**Honoraria**

Q7

Membership on advisory boards or speakers' bureaus

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**Sanofi**
Description of relationship(s)	**Advisory board participation**

Q8 **Respondent skipped this question**

Funded grants or clinical trials

Q9 **Respondent skipped this question**

Patents on a drug, product or device

Q10 **Respondent skipped this question**

All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity

Page 3: Part 2: To be completed by presenters only

Q11 **No**

I intend to use trade names during my presentation.Note: Only generic names should be used whenever possible. If trade names are used, they should be accompanied by the generic name.

Q12 **No**

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).Note: You must declare all off-label use to the audience during your presentation.

Q13 **N/A**

If you answered "Yes" to the previous question, are the medications recommended manufactured by companies you have received funding from?

Q14 **Yes**

I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Page 4: Part 3 (Anonymous & Optional): Equity, Diversity and Inclusion (EDI)

Q15

I confirm that I've completed the EDI Survey linked above

Yes

Page 5: PART 4: Acknowledgement and signature (for all)

Q16

First Name:

Jaclyn

Q17

Last Name:

Duncan

Q18

Gender Pronouns - How would you like us to address you?

She/Her

Q19

Please review and check the items below.

I confirm that the above information is accurate and complete.