



Disclosure of Conflict of Interest Form – page 2

Part 3 - Identification

Check all that apply:	Scientific Planning Committee	Speaker <input checked="" type="checkbox"/>
	Moderator	Facilitator
	Author	Other:

Event Information

Name of Program/Event	AIMS - SK
Date of Program/Event	March 31/22
Title of Presentation (if applicable)	Professional Boundaries
Full Name (to appear on schedule)	Brenda Sengeer
Professional Title (to appear on schedule)	Director, Physician Support Programs, SMD.

Acknowledgement

I, Brenda Sengeer, acknowledge that I have reviewed the declaration form's guidelines and instructions, and deem all of my information above accurate. I understand that the CME/CPD provider and the Scientific Planning Committee for this program/activity will review all disclosed financial (or otherwise) relationships and determine whether action is required to manage potential, perceived, or real COIs. I also understand that this information will be publicly available.

Signature: Brenda Sengeer

Date: Mar 4/22

Please return signed disclosure form (pages 1 & 2) to: cme.events@usask.ca

