



**2025PBCMS Poster Symposium**  
**Disclosure Form and Fact Sheet**  
**Deadline August 1, 2025**

**Disclosure Form of Relevant Financial Relationships**

**By Author (s) of Poster Presentations for Poster Symposium:** The intent of this disclosure is to allow Palm Beach County Medical Society (PBCMS) the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of the poster presentations at. All faculty and planners of PBCMS sponsored activities are expected to disclose to PBCMS any relevant financial relationships with any commercial interest that produces health care goods or services related to the content of the educational presentation in which they are involved.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship.

**Commercial Interest:** Any proprietary entity producing health care goods or services, with the exemption of nonprofit or government organizations and non-health care related companies.

**Financial relationships:** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and his/her spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

***Do you or your spouse presently (past 12 months) have relevant financial relationships with proprietary entities producing health care goods or services related to the content of this poster? \_\_\_\_\_ Yes \_\_\_\_\_ No***

*If yes, please indicate below the commercial interest/organization that best describes your relationship.*

\_\_\_ Financial Relationship Commercial Interest/Organizations

\_\_\_ Grant/Research Support, Consultant, Speaker's Bureau, Major Stock Shareholder

\_\_\_ Other Financial/Material Support. *You can attach a separate list or detailed explanation if necessary.*

I agree that my recommendations involving clinical medicine in this poster will 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. All scientific research referred to, reported or used in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. I further agree to disclose when discussion of an unlabeled use of a product or an investigational use not yet approved occurs during the poster.

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**\*Please Type Responses**

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Author Name: \_\_\_\_\_ Primary \_\_\_\_\_ Co-Author \_\_\_\_\_

Author Email: \_\_\_\_\_

Author Cell Phone: \_\_\_\_\_

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**Co-Authors Names:**

\_\_\_\_\_

***Each author needs to complete the disclosure form, scan and  
upload with the application by August 1, 2025.***