

IASP Conflict of Interest Form

1. I understand that International Association for the Study of Pain (the "Organization") is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

2. I have received, read and understand the Organization's Conflict of Interest Policy. I agree to its terms and my actions have and will continue to be guided thereby.

3. I make the following disclosures as to business and/or professional activities in which I or an immediate family member hold an owner, officer, board member, partner, employee or other beneficiary position: **Example: Officers of a Chapter or SIG, Advisory Boards or a voting member.**

NAME OF ORGANIZATION(S):	POSITION HELD:	BY WHOM:
Malaysian Association for the Study of Pain	President	self
Malaysian Medical Association (Selangor Branch)	Committee member	self

4. During the period from **November 7, 2016 to September 27, 2017**, I have not, to the best of my knowledge and belief, been in a position of possible conflict of interest, except as follows: **Example: Any type of compensation agreement such Grants or stipend from a Pharmaceutical Company.**

FINANCIAL INTERESTS If none, mark here __ If any, please describe below.

Pfizer (Malaysia) – Honorarium for speaker

Menarini – Honorarium for Speaker / Chairperson / Advisory board member

Mundipharma - Honorarium for Speaker / Chairperson

GSK – Honorarium for Speaker

USE OF PRIVILEGED INFORMATION If none, mark here √ If any, please describe below.

Date: 29 September 2017

Signature 

Printed Name MARY SUMA CARDOSA