

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:
FEDELAT	Elected President	
Change Pain (Grunenthal)	Board member	

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.

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

Date: 10/04/2017

Signature



Printed Name João Batista Santos Garcia