



MASTERS AT THE WAVE 2009
A Combined Meeting of the Masters of the ASRS Annual Meeting
and the Western Association for Vitreoretinal Education Biennial Meeting

FINANCIAL INTEREST OR RELATIONSHIP
DISCLOSURE FORM
For Presenters

NAME OF PRESENTER: _____

NAME OF CME ACTIVITY: **Masters at the WAVE 2009**

DATE/LOCATION OF ACTIVITY: **July 12-15, 2009, Maui, Hawaii**

The American Society of Retina Specialists has determined that financial interest should not restrict scientific, clinical, or non-clinical presentation or publication, provided that appropriate disclosure of such interest is made. As an ACCME accredited provider, the ASRS requires all presenters to disclose any commercial financial interests prior to the acceptance of the educational material and also prior to the actual presentation. Presenters who do not provide the ASRS with disclosure information by the established deadlines will be considered refusing to disclose consistent with ACCME Policy and will not be permitted to present their educational material.

●Do you have a financial interest or relationship with a manufacturer(s) of any products/services related to this meeting? ___YES ___NO

●If **yes to any of the above**, list the companies and nature of the relationships:

None to Disclose: _____

Signature & Date: _____

Fax completed form to ASRS at fax: +1 (530) 566-9192.

Questions? Contact Cordie Miller at cordie@asrs.org or phone: +1 (530) 566-9181