

CONFLICT-OF-INTEREST DISCLOSURE STATEMENT

Initial in the space at the end of Item A or complete Item B, whichever is appropriate; complete the balance of the form; sign and date the statement; and forward it to the Executive Director.

A. I am not aware of any relationship or interest or situation involving my family or myself that might result in, or give the appearance of being, a conflict of interest between such family member or me on one hand and The Academy on the other. Initials: _____

B. The following are relationships, interests, or situations involving me or a member of my family that I consider might result in or appear to be an actual, apparent, or potential conflict of interest between such family members or myself on one hand and The Academy on the other. Initials: _____

Corporate (either nonprofit or for-profit) directorships, positions, and employment:

Memberships in the following organizations:

Contracts, business activities, and investments with or in the following organizations:

Other relationships and activities:

My primary business or occupation at this time:

I have read and understand the Indiana Academy of Science Conflict-of-Interest Policy and agree to be bound by it. I will promptly inform The Academy President or Executive Director of any material change that develops in the information contained in the foregoing statement.

Type/Print Name

Signature

Date