

American Academy of Orthopaedic Surgeons

6300 N. River Road, Rosemont, IL 60018

Mandatory Financial Disclosure Statement

Below you will find two statements, one of which will apply to you in connection with your participation in the **South Carolina Orthopaedic Association 2012 Scientific Annual Meeting, August 2-5, 2012.**

Please read the following two statements and place a check in the box opposite the statement which applies to you. If you **do not** have a financial interest or other relationship with a commercial company related directly or indirectly with the **South Carolina Orthopaedic Association 2012 Annual Meeting**, place a check in the first box. If you do have any financial interests to disclose please include the name of the commercial company. Please remember to sign (and date) below.

Your disclosure will be listed in the Final Program/Course Syllabus.

The Academy does not view the existence of these interests or commitments as necessarily implying bias or decreasing the value of your participation in Academy activities.

I (or a member of my immediate family) **do not** have a financial interest or other relationship with a commercial company or institution.

If you have any financial interest or other relationships please be sure to check all that apply below and include the company name: _____

Item 3. Royalties: _____

Item 4. Speakers bureau/paid presentations: _____

Item 5A. Employee: _____

Item 5B. *Paid* consultant: _____

Item 5C *Unpaid* consultant: _____

Item 6. Research or institutional support from publishers: _____

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Item 8. Stock or stock options: _____

Item 9. Other financial/material support from publishers: _____

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Signed: _____ Date: _____

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