



**Pediatric Orthopaedic Practitioners Society**  
**Annual Conference**  
**May 7, 2024 • National Harbor, MD**  
**Speaker Disclosure Form**

Presentation Title: \_\_\_\_\_

Presenter Name(s): \_\_\_\_\_

Declaration of No Conflict of Interest:

*In the last two years, neither I nor any member of my immediate family have had a financial interest arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Disclosure

*In the last two years, neither I nor any member of my immediate family have had a financial interest arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.*

Affiliation / Financial Interest	Name of Organization(s)
Honorarium	_____
Grant / Research Support	_____
Consultant	_____
Speakers' Bureau	_____
Major Stock Shareholder	_____
Employee	_____
Other Financial or Material Support	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will / will not be discussing/demonstrating any "off-label" use of drugs or medical devices. If yes, please list what "off-label" use of drugs or medical devices will be discussed/demonstrated:

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Qualification Record**

Presentation Title: \_\_\_\_\_

Presentation Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Degrees Earned: \_\_\_\_\_ CPNP/A: Yes No

Field of Specialization: \_\_\_\_\_

Position: \_\_\_\_\_ Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Qualifications for presenting session content:  
(Briefly state the rationale for selecting this speaker and the qualifications meriting his/her selection. Note publications or previous seminars conducted if pertinent.)

**Speaker Disclosure Form**

Please submit Speaker Disclosure Form via fax or email  
Attention: Megan Gorham, PA-C  
Email: mlomax@uams.edu