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Continuing Medical Education Policy on Full Disclosure**

The Accreditation Council for Continuing Education (ACCME) requires that the Society for Light Treatment and Biological Rhythms obtain disclosure of the existence of any significant financial interest or other relationship a presenter has with the manufacturer(s) of any commercial product(s) discussed in an educational presentation.

The existence of such relationships does not necessarily constitute a conflict of interest, but the prospective audience must be informed of presenter's affiliation with a commercial sponsor by way of an acknowledgment in the printed program or syllabus.

This policy is intended to openly identify any potential conflict so that the audience in an educational activity is able to form its own judgments about the presentation. A reasonable test to guide decisions about what to disclose is whether any particular affiliation could cause embarrassment to the individual or institution involved, or lead to questions about the speaker's motives, if such affiliation(s) were made known to the general public.

**Each participant must return a completed disclosure statement with the abstract submission form, or the submission cannot be considered.** Photocopies of the Disclosure Statement may be used.

**Please complete and return this signed form with your Abstract Submission Form.**

**FAX: 415-751-2758 OR MAIL TO:  
SLTBR, PO Box 591687  
San Francisco, CA 94159-1687**

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**DISCLOSURE STATEMENT  
SLTBR ANNUAL MEETING  
May 28-30, 2004  
TORONTO, CANADA**

I have read the SLTBR policy on full disclosure and declare:

\_\_\_\_\_ Neither I, nor any members of my immediate family, or any of my co-authors or members of their families, have a significant financial interest in or affiliation with any manufacturer or any commercial product discussed in presentation(s) at this meeting.

\_\_\_\_\_ I (or an immediate family member) or one or more of my co-authors or their immediate family members have a significant financial interest in or affiliation with the manufacturer of a commercial product discussed in my presentation(s) at this meeting.

Name of Manufacturer(s) and nature of relationship with each, e.g., stock or bond holdings, research grants, employment, ownership or partnership, consulting fees, other remuneration (i.e., honoraria, travel expenses):

Name of manufacturer/Nature of relationship

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Name of presenter (please print) and signature of presenter

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Telephone number \_\_\_\_\_ Date \_\_\_\_\_

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