

2019 University of Toronto
Primary Care Sports and Exercise Medicine Conference
Conflict of Interest Form

Name:

Affiliation(s):

Please Check *ONE* of the following two statements:

- I have no potential conflicts of interest
- I have the following potential conflicts of interest:

Type of conflict/financial interest

- Received grant/research supports (list):

- Received honoraria or consultation fees (list):

- Other (list):

Additional information if applicable:

Signature: _____

Date: _____ (Year/MM/DD)