

CONFLICT OF INTEREST (COI) DISCLOSURE FORM



TITLE of Continuing Professional Development (CPD) Activity		25 th Annual Scientific Conference of the Canadian Spine Society			
DATE of CPD Activity		February 25-28, 2025			
TITLE / FIRST NAME / LAST NAME					
ABSTRACT PRESENTATIONS Enter ALL Abstract ID Numbers you are presenting:					
What is your role at		Member of the CSS	Presenting Author	Speaker / Panel	
the CSS Conference?		Scientific Program Planning Committee	Moderator	Facilitator	
Check all sections that apply		Other (describe)			
	YES I have a relationship Using the section below it	, , , , ,			
Nature of Relationship(s)		NAME of For-Profit or Not-For-Profit Organization(s)	BRIEF DESCRIPTION of Relationship(s)		
Any direct financial payments including receipt of honoraria		, , , , , , , , , , , , , , , , , , ,			
Membership on advisory boards or speakers' bureaus					
Funded grants or clinical trials					
Patents on a drug, product or device					
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence content of educational activity					
PLEASE COMPLETE THE FOLLOWING:					
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). Note: You must declare all off-label use to the audience during your presentation.				ai (i.e.	
		rd requires that any description of therapeutic options utilize generic s) and not reflect exclusivity and branding.		eric Yes No	
I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available. DATE:					