INTERNATIONAL CONTINENCE SOCIETY

COMPETING INTERESTS FORM

The International Continence Society wishes to ensure independence, objectivity, scientific rigor and a fair balance of representation, in all its individual or jointly sponsored educational activities and on all committees and boards. All ICS board and committee members are requested to complete this form which will be made available to the membership on request. Please list any involvement such as; Board Member/Officer/Trustee, Consultant/Advisor, Employee, Investigator, Investment interest, Meeting participant/Lecturer, Owner, Scientific Study/Trial, Grant Support.

First Name		Last Name	
Address			
Town/City		Post Code	
State/County		Country	
Telephone no		Fax number	
Membership Number		Email Address	

To the best of my knowledge, I do not have any existing or potential competing interests that may be perceived as influencing my service to the International Continence Society in any way.

Signed ……..…Date ……..

I believe I have competing interests that may be perceived as influencing my service to the International Continence Society and disclose my involvements below. If appropriate, I agree to be excluded or disqualified from participating in certain ICS activities.

Signed…….....Date …….

Name of Company/Organisation …….

Type(s) of involvement ……..……

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Type(s) of involvement ……..……

Name ……. Continuation Sheet

I believe I have competing interests that may be perceived as influencing my service to the International Continence Society and disclose my involvements below. If appropriate, I agree to be excluded or disqualified from participating in certain ICS activities.

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