

## CONFLICT OF INTEREST DECLARATION AND AGREEMENT

For the purpose of protecting the mission and reputation of the SCMA as well your own reputation and position as a SCMA Board member or Staff member, please complete and sign the declaration below disclosing any real, potential or perceived Conflicts of Interest, and acknowledging your understanding of and commitment to abide by the content and intent of the SCMA Conflict of Interest Policy.

the ScMA Commict of II	tterest roncy.
Name: SCMA Title or Role:	Email: Email:
Type of Declaration (check one)	First Declaration Annual Renewal With No Changes Annual Renewal With Changes Ad Hoc Declaration (Add new/previously undeclared conflicts)
<ul> <li>the policy and a avoiding any real avoiding avoiding the potential or periodic avoiding the potential or periodic avoiding the potential or periodic avoiding the policy avoiding the policy avoiding the policy avoiding the policy and avoiding the policy and the policy avoiding the policy avoidin</li></ul>	e to the following: a copy of the SCMA Conflict of Interest Policy, have read and understand agree to be bound by the obligations contained therein, and commit to eal or perceived Conflict of Interest. closed all conflicts and I commit to disclosing the existence of any real, received Conflict of Interest to the Board, as soon as it is known to me. ed below, I am not engaged in any activity and have no interest that is or ved as a Conflict of Interest. collowing the submission of this declaration I become aware of any real, received Conflict of Interest, or if the information provided above becomes accomplete, I will promptly notify the President or another Officer of the writing and/or submit a new declaration.  The provided experiments are accurate, true and the provided experiments are accurate.
	sts, both financial and non-financial in nature, which may represent ceived Conflicts of Interest:
	ces: Do you or a closely associated person receive or intend to receive mance-related benefits or compensation directly or indirectly from the
Yes (describe	below) No

	Their Relationship to You	Their Relationship to SCMA
receive or intend to receive	der of Personal Services: Do you on a complex any employment wages or personal from the SCMA, excluding must	onal services compensation or
Yes (describe below)	No	
Name of Person	Their Relationship to You	Their Relationship to SCMA
employee, or consultant fo	oo you have a personal interest or r any other entity (profit and/or neterest with the SCMA, including en	non-profit) that could be
Yes (describe below)	No	
Name of Entity	Your Position at the Entity	Nature of Services Supplied
Name of Entity	Your Position at the Entity	Nature of Services Supplied
Name of Entity	Your Position at the Entity	Nature of Services Supplied
Relations with Competitors employee, or consultant fo	Your Position at the Entity  S: Do you have a personal interest rany other entity (profit and/or a terest with the SCMA, including en	t or serve as a board member, non-profit) that could be
Relations with Competitors employee, or consultant for regarded as a conflict of integral of the control of the	s: Do you have a personal interest r any other entity (profit and/or 1	t or serve as a board member, non-profit) that could be
Relations with Competitors employee, or consultant for regarded as a conflict of in SCMA?	s: Do you have a personal interest r any other entity (profit and/or n terest with the SCMA, including en	t or serve as a board member, non-profit) that could be

5.	Other: To the best of your knowledge, do you engage in any other activity or have a personal interest that could be regarded as a Conflict of Interest for you in your role with the SCMA?				
	Yes (describe below)	No			
	Name of Activity/Interest Describe the Conflict				
	tions you intend to take to avoid or reterest:	nitigate real, potential or perceived Conflicts of			
		cime of discussion and I will remove myself from the reparticipating in any decision pertaining to any of ed a conflict.			
I will refrain, within the meeting and elsewhere, from lobbying or attempting to exert influence over the decision, contract, relationship, person or organization where I have a real or perceived conflict.					
		e where discussions and decisions regularly occur d conflict. (i.e. An active performer will not sit on the he Verification Committee)			
I, and my closely associated persons, will withdraw from an activity and not receive compensation nor benefits from the activity where I have been involved in the discussio and decision and where I have failed to declare a conflict, failed to withdraw from the discussion, and failed to recuse myself.					
	Other (describe): n/a				
Si	gnature	Date			
W	Vitness (SCMA Officer/Executive)	Date			