



Conflict of Interest Form

This form must be filed annually by all specified parties, as identified in the MCS Conflict of Interest Policy Statement (ratified by MCS's Governing Board on 01/21/2020).

_____ I have no conflict of interest to report.

_____ I have the following conflict of interest to report (please specify):

The undersigned, by their affixed signature, note their understanding of the implications of this policy.

Printed Name

Signature

Date