

**DISCLOSURE DECLARATION FOR CE PROGRAM FACULTY/CONTENT CONTRIBUTORS/PLANNING COMMITTEE**  
 (Note: except for signature, please print for clarity)

**TITLE OF CE ACTIVITY/PRESENTATION:** Engage-IL Project

**PROGRAM DATE:** Home Study: Release Date 7-1-2016

**NAME:** First KATYA Middle Initial y. Last CRUZ MADRID

**Home Address** 2001 S. CALUMET AVE #203

**City** CHICAGO **State** IL **Zip** 60616

**Signature** *Katya Madrid* **Date** 05/06/16

**A response to #1, #2 and #3 is required.**

1. I, or a spouse/partner, have a financial relationship with a commercial entity (Note: definitions of financial relationship and commercial interest are found on page 1 of this document. Further, this includes all commercial entities, not just those which might have a specific relationship to this program.)

No  Yes (If yes, please provide details below in a printed, legible manner)

Commercial Interest (e.g., name of company)	Nature of what I received (not \$ amount; e.g., salary, consulting fee, honoraria, stock benefits, grant, etc.)	My role (speaker, advisory board, review panel, research, consulting, etc.)

2. I agree to the "Terms and Conditions" listed on page 1 of this form.

No  Yes

3. I intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

No  Yes  Not Applicable

If Yes, please specify product name/use:

Product Name(s) \_\_\_\_\_

Therapeutic Use(s) \_\_\_\_\_

**PLEASE RETURN BY EMAIL OR FAX TO: Ruth Bruskwitz, [ruth.bruskwitz@wisc.edu](mailto:ruth.bruskwitz@wisc.edu) FAX 608-262-2431**