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 MEMOONA **Middle Initial** ____ **Last** HASNAIN

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City CHICAGO **State** IL **Zip** 60612

Signature Memoona Hasnain **Date** June 14, 2016

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.)

   [X] 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 [X] Yes

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

   [ ] No [ ] Yes [X] Not Applicable

   If Yes, please specify product name/use:

   Product Name(s) _____

   Therapeutic Use(s) _____

PLEASE RETURN BY EMAIL OR FAX TO: Ruth Bruskiewitz, ruth.bruskiewitz@wisc.edu FAX 608-262-2431