

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 Robert Middle Initial E Last Rada

Home Address 3115 Seawayside Ave.

City Brockfield **State** IL **Zip** 60513

Signature Robert E. Rada **Date** 5-5-16

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

- 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.)

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

[] No Yes

- 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 Bruskiwitz, ruth.bruskiwitz@wisc.edu FAX 608-262-2431