

**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 Ashkan Middle Initial I Last Zarrieneh

**Home Address** 5309 Fargo

**City** Skokie **State** IL **Zip** 60077

**Signature**  **Date** 5/12/16

**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)

<b>Commercial Interest</b> (e.g., name of company)	<b>Nature of what I received</b> (not \$ amount; e.g., salary, consulting fee, honoraria, stock benefits, grant, etc.)	<b>My role</b> (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 Bruskiwitz, [ruth.bruskiwitz@wisc.edu](mailto:ruth.bruskiwitz@wisc.edu) FAX 608-262-2431**