



World Institute of Pain

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Conflict of Interest Policy

The undersigned Director, principal Officer, or other member of a board or committee of the governing board, hereby indicates his or her understanding of the Conflict of Interest Policy, and discloses in the space below and/or via supplemental attached documents any actual or possible conflict of interest as described in this policy.

Conflict of Interest Disclosures

Signed this ___ day of ___03,05___, 2016.

PLEASE PRINT YOUR NAME:

_____Serdar Erdine_____

PLEASE SIGN HERE:

A handwritten signature in black ink, appearing to read 'Serdar Erdine', is written over a horizontal line. The signature is stylized and cursive.