



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 11 day of May, 2016.

PLEASE PRINT YOUR NAME:

Gabor B. Racz, MD

PLEASE SIGN HERE:

A handwritten signature in blue ink, appearing to read 'Gabor B. Racz', is written over a horizontal line.

PLEASE EMAIL THIS DOCUMENT TO: [wip@worldinstituteofpain.org](mailto:wip@worldinstituteofpain.org)