



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

Grant/Research Support: Pfizer, Boston Scientific, Nevro, AstraZeneca, Biogen

Consultant: Boston Scientific, Pfizer, Jazz

Speaker's Bureau: Jazz

Signed this ___ day of _____, 2016.

PLEASE PRINT YOUR NAME:

_____Richard L. Rauck, MD_____

PLEASE SIGN HERE:

A handwritten signature in black ink, appearing to read 'RL Rauck', written over a horizontal line.

PLEASE EMAIL THIS DOCUMENT TO: wip@worldinstituteofpain.org