



University of Pittsburgh
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Center for Continuing Education in the Health Sciences

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Attn: Karen Syzdek
 Fax: (512) 301-4751 *preferred*
 Address: P.O. Box 91868
 Austin, TX 78709-1868

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Title of CE Activity: 22th Annual Open Scientific Meeting of Musculoskeletal Infection Society

Date of CE Activity: August 10&11, 2012

Name of Individual (please print clearly):

Check One:

- I have/had no relationships with proprietary entities producing healthcare goods or services.
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Other:

Have you participated in promotional speaking engagements in the past 12 months? Yes No

If yes, please disclose the nature and purpose of the promotional services including the therapeutic categories that were the subject of the program.

I attest that the information above is accurate and confirm that I am not receiving direct payment from a commercial entity for honorarium, travel or other expenses. I also agree to abide by all policies of the University of Pittsburgh and University of Pittsburgh Medical Center, including those related to patient privacy. I agree that all elements of the educational activity for which I am responsible will be balanced, based upon the best available scientific evidence, and free of commercial influence.

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