



FACULTY AGREEMENT FORM

It is the policy of the **Lymphedema Seminars** to insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational programs. All faculty participating in any **Lymphedema Seminars** program are expected to:

- disclose to the program audience any real or apparent conflicts of interest that may have a direct bearing on the subject matter of the continuing education program. This pertains to any proprietary interest in any product, instrument, device, service, or material discussed during the presentation and the source of any compensation prior to the start of the presentation. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the to determine whether the speaker's outside interest may reflect a possible bias in either the exposition or the conclusions presented.
- demonstrate high standards of professional conduct and not discriminate against learners on the basis of gender, age, socioeconomic or ethnic background, sexual orientation, or disability.

Material presented is original to (or used with permission of) **Lymphedema Seminars** and/or to the instructor(s). All presentations remain the sole property/copyright of the speakers. Presenter is compliant with copyright laws and has ownership or permission to use all materials used in conjunction with the presentation. Signing this gives permission to reproduce them for the seminar.

CEU PROGRAM: **Networking & Educational Workshop for Lymphedema Therapists**

DATE/LOCATION: **December 2, 2023 (Zoom/Live-Streaming)**

TITLES: **"Introduction fo Mast Cell Activation Syndrome (MCAS)"**

PRESENTER'S NAME: **LAWRENCE AFRIN, MD**

I have no actual or potential conflict of interest in relation to this program or presentation and I agree with all of the above terms.

Signature Lawrence B. Afrin, M.D. Date July 17, 2023

OR

I have financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation, and I agree with all of the above terms.

Affiliation/Financial Interest

Name of Organization

Grant/Research Support

Consultant

Speakers' Bureau

Major Stock Shareholder

Other Financial or Material Support

Signature _____ Date _____

*Please FAX signed form to 805.772.4717 or reply by email as an attachment.
Your cooperation in complying with this standard is appreciated. Thank you.*