

**Genesys Regional Medical Center  
and Association for Behavioral Sciences and Medical Education**  
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Having a significant interest or affiliation with the manufacturer(s) of any commercial product(s) being discussed in this educational presentation does not prevent a speaker from making a presentation, but the relationship must be made known in advance to the audience. This is in accordance with the Accreditation Council for Continuing Medical Education Standards for Commercial Support of Continuing Medical Education. Please read the following carefully and then sign either Section A or Section B below.

**CME Program:** "Depression and Anxiety Co-Morbidities in Vulnerable Populations"  
**Date:** October 18-22, 2006      **Speaker Name:** \_\_\_\_\_

**SECTION A**

I do not have any financial interest or other relationship with any manufacturer(s) of any commercial product(s) being discussed in this program.

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**SECTION B**

I declare that I have a financial interest / arrangement or affiliation with a manufacturer(s) of a commercial product(s). This financial interest or relationship is specified below.

Affiliation / Financial Interest

Name(s) of Company

Grant / Research Support

\_\_\_\_\_

Consultant

\_\_\_\_\_

Speaker's Bureau

\_\_\_\_\_

Major Stock Shareholder

\_\_\_\_\_

Other Financial or Material Interest

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please complete this form and return (or fax) to:***

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