

Presenter Attestation Form**Midwest Burn Conference
October 10th – 11th, 2023**

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, notify the conference planner as soon as possible.

Enter your first name, last name, and email address. Do not include credentials.

First Name: _____ Last Name: _____

E-mail: _____

I have disclosed all relevant financial relationships, and I will disclose this information to learners verbally (for live activities), in print if there is a handout or syllabus, and in a slide if slides are used.

Agree Disagree

The content and/or presentation of the information with/for which I am involved will promote quality and/or improvements in healthcare and will not promote a specific proprietary business interest of a commercial entity. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

Agree Disagree

I understand the Hennepin Healthcare – Midwest Conference 2023 education planning members needs to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

Agree Disagree

I understand that a Certified Nurse Educator monitor will be attending the event to ensure that my presentation is educational, and not promotional in nature.

Agree Disagree

If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, not trade names from any single commercial interest.

Agree Disagree

I have carefully read and considered each item in this form and have completed it to the best of my ability.

Signature of Presenter: _____

Date: _____