



BDASC Policy for Registered Members with Involvement as an Industry Agent or as a family member of an Industry Agent

As a registered member of the Bleeding Disorders Association of South Carolina (BDASC) and receiving benefits of the Chapter's mission, I disclose that I have an ongoing relationship or organizational membership that may constitute a conflict of interest or *perceived* conflict with BDASC. This includes paid or unpaid affiliations with homecare pharmacies, HTC's or pharmaceutical manufacturers of clotting products and or a spouse that has a working relationship in the Industry that provides treatment therapies, or HealthCare Services.

Potential Conflicts: (describe conflict or possible *perceived conflict* and provide the name of the affiliated company)

1. _____

2. _____

When attending events at BDASC which I and my family members are not representing the named company above, I will abide by the policy of BDASC to not conduct any marketing activity, provide materials, business cards, ask for Private Personal Identification (PPI) for the purpose to be used for my industry-related marketing, sales, or ***individual or company financial gain of any kind.*** I will ensure that all other attendees' personal information acquired during the event is *kept in confidence* and will not be used for the aforementioned above.

By signing this document, I acknowledge that I have read, understand and agree to abide by the terms of this agreement for attendance, committee work and other volunteer services at Bleeding Disorders Association of South Carolina events, programs, services and fundraisers. My attendance and involvement at such events will be for the purpose to assist the Chapter, learn, connect and/or receive support services.

BDASC Registered member _____ Date _____

BDASC Executive
Director/BOD _____ Date _____