APPENDIX VII

Parent Project Muscular Dystrophy
ANNUAL CONFLICT OF INTEREST DISCLOSURE FOR BOARD MEMBERS

Name: ________________________________________________________________

Officer/Trustee position: ______________________________________________

In responding to these questions, understand that a “yes” response does not imply that the relationship or transaction was inappropriate.

1. Are you an officer or director of any corporation with which Parent Project Muscular Dystrophy has had a business relationship? ___yes ___no

   If your response is “yes,” please list the names of such corporations, the office held and the approximate dollar amount of business involved with PPMD.

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<tr>
<th>Name of corporation</th>
<th>Position held</th>
<th>Approx. amount of business ($)</th>
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2. Do you, or does any member of your family, have a financial interest in, or receive any remuneration or income from, any business organization with which Parent Project Muscular Dystrophy has business dealings? ___yes ___no

   If your answer is “yes,” please supply the following information:

   A. Names of businesses in which such interest is held and the person(s) by whom such interest is held:
1. __________________________________________
2. __________________________________________
3. __________________________________________

B. The nature and amount of each financial interest, remuneration, or income at the above businesses:

1. __________________________________________
2. __________________________________________
3. __________________________________________

3. Did you, or any member of your family, receive during the past 12 months any gifts or loans from any source from which Parent Project Muscular Dystrophy purchases goods or services, gives money, or with which they have significant business dealings?

_________yes ________no

If your response is “yes,” list the gifts or loans.

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<tr>
<th>Name of income source</th>
<th>Item</th>
<th>Approximate value</th>
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4. Were you involved in any other activity during the past year that might be interpreted as a possible conflict of interest? ___yes ___no
If yes, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Did you, during the past year, use your position at Parent Project Muscular Dystrophy to gain advantage for yourself, your family, friends, or business associates in any way? 
   ___yes  ___no

If yes, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify that the foregoing information is true and complete to the best of my knowledge.

________________________________________________________________________

Signature                                           Date