

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.

Name of corporation	Position held	Approx. amount of business (\$)
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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.

Name of income source	Item	Approximate value

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