

Presenter Conflict of Interest Policy

Support group presenters (“Presenters”) must act at all times in the best interests of the national office of the Alzheimer’s Association (individually, “National”) and the Alzheimer’s Association Greater Illinois Chapter (individually, “Chapter”) (collectively, “Association”). Presenters shall disclose all potential and actual conflicts of interest to the Chapter and, as required, remove themselves from all support group presentations, related discussion, and voting, if applicable, on any related matter. Specifically, Presenters shall:

- Not place self-interest or the interest of a third party above the interests of the Chapter or National, and not give the appearance of placing self-interest or the interests of a third party above the interests of the Association (e.g., the development of personal or other professional relationships with group members);
- Refrain from using the Chapter’s staff, services, equipment, materials, resources, or property for personal or third-party gain, and from representing to third parties that authority as a Presenter extends any further than that which it actually extends;
- Not engage in any outside business, professional conduct, or other activities that may be directly or indirectly adverse to the interests of the Association;
- Not solicit or accept gifts, gratuities, free travel, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment with respect to matters pertaining to the Association without fully disclosing such an exchange to the Chapter;
- Provide goods or services to the Association as a paid vendor only after full disclosure to, and advance approval by the Chapter, and pursuant to any related procedures adopted by the Chapter;
- Not persuade any employee of the Chapter to leave the employ of the Chapter or to become employed by any person or entity other than the Association; and
- Not persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with an actual or potential relationship with the Association to terminate, curtail, or not enter into its relationship with the Association, or to reduce any benefit that may be provided to the Association with respect to such relationship.

This policy shall apply to volunteers, support group presenters, and all other agents of the Chapter, but shall also apply to all members of the Chapter’s committees, task forces, and others in the Chapter governance structure, as well as to the Chapter’s key employees. On an annual basis, all individuals to whom this policy shall apply shall be provided with a copy of this policy and required to complete and sign an acknowledgement and disclosure form prepared by the Chapter.

Acknowledgement and Disclosure Form

I have read the Alzheimer's Association Greater Illinois Chapter ("Chapter") Presenter Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as a Chapter support group presenter. If I become aware of any actual or potential conflicts of interest at any time following the submission of this form, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the appropriate Chapter representative in writing.

Disclosure of actual or potential conflict(s) of interest:

Do you receive compensation as an officer, director, committee member, task force member, or key employee of the Chapter? Yes No

Other than reimbursement of reasonable expenses, have you received or do you expect to receive more than \$10,000 per year from the Chapter for services provided as an independent contractor? Yes No

Have you received or do you expect to receive any material financial benefit from the Chapter or from group members and/or their families in addition or apart from the benefits described in the above inquiries? Yes No

Do you or any of your family members receive compensation or material financial benefit from the Chapter? Yes No

Do you have a family relationship or business relationship with any current or former officer, director, or key employee of the Chapter?¹ Yes No

If you answered "Yes" to any of the above, please explain in a separate statement.

Presenter Signature	Presenter Printed Name	Date
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¹ This question does not apply to attorney-client or doctor-patient relationships, nor does it apply to relationships with clergy members.