



**PREVENT BLINDNESS CONFLICT OF INTEREST DISCLOSURE STATEMENTS**

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To the best of my knowledge, the following relationships, positions, or circumstances in which I am involved may be a possible conflict of interest (as defined in Prevent Blindness, Ohio Affiliate's Code of Ethics):

<b><i>Organization/Company</i></b>	<b><i>Position/Office Held</i></b>	<b><i>Term/Interest</i></b>
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\_\_\_ I have no current conflict of interest with Prevent Blindness vendors, contractors, competitors, or related organizations.

**I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agreed to abide by, the Conflict of Interest Policy of Prevent Blindness that is currently in effect.**

\_\_\_\_\_  
Name and Key Volunteer/Staff Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: If, during the disclosure period, other potential conflicts arise, I agree to inform Prevent Blindness, Ohio Affiliate of such and modify this disclosure statement.*