

# *United States Cutaneous Lymphoma Consortium (USCLC)*

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**Each director, principal officer, and member of a committee with board delegated powers shall annually sign a statement which affirms the following statements below. Please initial next to each statement below.**

\_\_\_\_\_ I have received a copy of the conflicts of interest policy

\_\_\_\_\_ I have read and understand the policy

\_\_\_\_\_ I agree to comply with the policy

\_\_\_\_\_ I understand that the Corporation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date