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FEDERATION OF ASSOCIATIONS IN BEHAVIORAL & BRAIN SCIENCES

*Conflict of Interest Disclosure Statement
2023*

1) Name: _____

2) Position with FABBS: _____
(e.g. Board Member, Council Member)

3) Actual or Potential Conflicts of Interests (please write “none” if no actual or potential conflicts exist or attach additional pages if needed):

I have received, understand, and agree to comply with the organization’s Conflict of Interest policy. The answers provided above are true to the best of my knowledge. If conflicts of interest arise, I agree to take the appropriate steps as outlined in the policy to ensure transparency and accountability.

Signature

Date