



SOCIETY FOR PEDIATRIC PATHOLOGY

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TITLE OF CME ACTIVITY 20 Spring SPP Workshop DATE March , 20

PRESENTER/FACULTY NAME: _____

TITLE OF PRESENTATION _____

PLEASE COMPLETE ALL SECTIONS

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Yes _____ No _____ (If No, skip to question II)

b. If yes, do you or your spouse/partner have a significant financial interest or other relationship with the product manufacturer(s) or provider(s) of services you intend to discuss?

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Signature

Date