

ASCENDIGO AUTISM SERVICES

CONFLICT OF INTEREST – ANNUAL DISCLOSURE FORM

Please print and complete. Submit to Ascendigo Board President or Business Manager.

Name: _____ Position with Ascendigo : _____

Address and phone number:

Describe any and all relationships, business dealings, transactions, positions with other organizations or circumstances that you believe could contribute to a conflict of interest between ESC and your personal interests and loyalties, financial or otherwise. List names of organizations, positions you hold or held, family relationships, etc. Also include on this list any non-profit organizations on whose board you serve: (use the back of this page if more space is needed.)

If you believe you have no potential conflict of interest, initial here: _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I also certify that I have received a copy of, read and understand the Ascendigo Conflict of Interest Policy, and I will abide by it in all my dealings related to Ascendigo.

Signature: _____ Date: _____

Please mail, scan or fax the completed form to -

Sallie Bernard, Board President (sallie@ascendigo.org)
or Maureen Muller, Business Manager (maureen@ascendigo.org)
Ascendigo Autism Services, Inc.
818 Industry Place
Carbondale, CO 81623
fax 970.315.0609