

ASME CONFLICT OF INTEREST FORM

Date _____

To:

Re: Conflict of Interest

I have read and agree to adhere to the Society Policies on Conflicts of Interest (P-15.8) and Ethics (P-15.7) in carrying out my responsibilities with my activities in ASME.

Member # _____

Signature _____

Name _____

(Please print)

Address _____

**Return to: David Soukup
ASME
Three Park Avenue
MS 22E1
New York, NY 10016
FAX: (212) 591- 8080**