



CONFLICT OF INTEREST AGREEMENT

The Board of Directors of the Illinois Academy of Nutrition and Dietetics (IAND) wishes to avoid possible conflict of interest involving its directors, officers or members of the Affiliate Board, committee or task force as defined by state and federal law, in accordance with the <affiliate> Conflict of Interest Policy currently in effect. In addition, the board wishes for all directors, officers, or members of the Illinois Academy Board, committee or task force continually be cognizant of their fiduciary duties to the affiliate arising out of their positions of confidence within the organization, in accordance with the Illinois Academy Conflict of Interest in effect. Therefore, the board requests that each director, officer, or member of an Illinois Academy board, committee or task force attest to the following statements:

I, _____, state the following:

1. I have read and understand the IAND Conflict of Interest Policy.
2. I attach a list of all my affiliations with any person (including any officer or employee of IAND or engagement in business with IAND and/or related organizations units), corporation, or other entity with which I have reason to believe the Academy does business (check one).

_____ I HAVE NO AFFILIATIONS WITH SUCH PERSONS OR ENTITIES.

_____ LIST ATTACHED.

3. I shall amend this list as my affiliations or the IAND duties change.
4. If I become aware that any member of my family (parents, brothers and sisters, children, spouse, and/or in-laws) is engaged or proposed to be engaged in business with IAND, I shall disclose my relationship with the person(s) concerned and the nature of this business to the president or chair of the affiliate committee or task force.
5. I understand that I am not to participate in any decision or vote on an issue in which I may have conflicts of interest because of affiliations listed herein.

Signature: _____

Date: _____