



Sponsor	<b>Brain Injury Association of Ohio (BIAOH)</b>
Event	<b>“Change: Pioneering New Pathways” 28<sup>th</sup> Annual Conference, October 1 &amp; 2, 2009 Doubletree Hotel Columbus/Worthington</b>

**OBJECTIVE & CONTENT INFORMATION**

Identified Program Learning Objectives (in terms of “Participants will learn . . .”)

- 1.
  
  
  
- 2.
  
  
  
- 3.
  
  
  
- 4.

Objective (as listed above)	Content	Time Frame (must total 60 minutes)	Teaching Methods (lecture, discussion, slides, overhead, handouts, etc.)
1			
2			
3			
4			
<b>Total = 60 minutes</b>			

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**DISCLOSURE STATEMENT**

This disclosure statement is required prior to scheduling a speaker and preparing program announcements.

This is an attempt to discover if a continuing education program faculty/presenter is affiliated with or has financial interest in any organization that may have a direct interest in the subject matter of the continuing education program; a potential conflict of interest may exist. Such an affiliation or interest does not disqualify a speaker from making a presentation, but the prospective audience must be made aware of the relationship, in print, in the program syllabus, faculty listing, or in verbal form in advance of the program.

Title of Presentation
Name of Faculty/Presenter

**Speakers, please complete this information:**

I DO NOT have any affiliations or financial interests in any corporate (pharmaceutical) organization involved with products to which my presentation will refer to this continuing education program

Signature	Date
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I HAVE an affiliation or financial interest with one or more of the corporate organizations involved with products to which my presentation will refer in the continuing education program as follows:

Name of Corporation / Company	Affiliation/Financial Interest			
	Grant / Research	Consultant	Speaker's Bureau	Shareholder
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature	Date
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**CONSENT FOR PHOTOGRAPHS / PERMISSION TO SHARE MATERIALS**

**\*\*Consent to allow photographs and/or presentation materials is optional.\*\***

Title of Presentation
Name of Faculty/Presenter

**Consent for Photographs**

Yes     No    I give my **consent for photographs** of myself to be used by the Brain Injury Association of Ohio. Photographs may be displayed at conferences, included in newsletters/brochures and/or posted on the Brain Injury Association of Ohio’s website. (permission is optional)

**Permission to Share Materials**

Yes     No    The Brain Injury Association of Ohio intends to compile a CD with presentations, handouts and contact information from our conference, and also post this material on our website, [www.biaoh.org](http://www.biaoh.org). I grant **permission to share selected materials**: (permission is optional)

PowerPoint presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selected handouts (scanned)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Information (name, agency, address, phone, email address)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization