

Conflicts of Interest Acknowledgement and Disclosure Form

I have read the confidentiality and conflicts of interest policy set forth above and, if elected to the Board, agree to comply fully with its terms and conditions at all times during my service as an ADBA Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the ADBA President in writing.

Disclosure of Actual or Potential Conflicts of Interest:

- ① FULL TIME FACULTY, DENTAL ANESTHESIOLOGY
② UNIVERSITY OF PITTSBURGH
- ② OFFICER ADSA, AMERICAN DENTAL SOCIETY
OF WESTHE SIOCOBY
- ③ TRUSTEE AASMS, AMERICAN ASSOCIATION
OF ORAL & MAXILLOFACIAL SURGEON

Signature:

Paul J. Schwartz

Printed Name:

PAUL J. SCHWARTZ

Date:

3/15/2019