

Disclosure Declaration

5th Annual Patient Experience Excellence Congress and Expo

SAUDI COMMISSION FOR HEALTH SPECIALTIES

Activity Title:..... Date:...../...../.....

I verify and acknowledge that my presentation and/or materials is free from commercial interests that relates in any way to this CME/CPD activity, and provide a balanced view of the therapeutic options when discussing off-label, unlabeled, or investigational uses of a commercial product, these uses will be identified as such: I will use generic names of medications/products whenever possible. When I use trade names, I will include those of other companies that are on the market without any related conflict of interest.

Name
Signature	
Date/...../.....