

Health Science Librarians of Illinois
Conflict of Interest Annual Statement

I, _____, have received a copy of the Conflict of Interest Policy.
(Print your name)

I read and understand the policy. I agree to comply with the policy. I understand the Corporation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Signature

HSLI role

Date