services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Director of FAER Board of Director of Accreditation Council on Continuing Medical Education

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology, Emory University School of Medicine, current appointment

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01210

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/17/2009 9:20:24 PM)

CONFIDENTIAL ASA 01211

Last update on:11/2/2009 9:55:16 AM

Potential Conflict-of-Interest Form

Membership # 178942, Year 2010

Robert E. Johnstone, M.D.
West Virginia University Hospital
West Virginia University
369 Lakeview Dr
Morgantown, WV 26508-8080

Committee on Distinguished Service Award

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/2/2009 9:55:17 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01212

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Employee of West Vriginia University Medical Corporation

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   West Virginia University, annual appointments, held since 1991

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   I advocate for the ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01213

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/2/2009 9:55:16 AM)

CONFIDENTIAL ASA 01214

Last update on:11/2/2009 10:51:38 AM

Potential Conflict-of-Interest Form

Membership # 369543, Year 2010

Arthur M. Boudreaux, M.D.
University of Alabama at Birmingham Anes. Dept.
4493 Preserve Dr
Hoover, AL 35226-4141

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/2/2009 10:51:39 AM

Committee on Membership

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01215

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Secretary, ASA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Clinical Professor Vice Chair for Quality and Patient Safety Department of Anesthesiology UAB School of Medicine Birmingham, AL

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA Alabama State Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01216

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/2/2009 10:51:38 AM)

CONFIDENTIAL ASA 01217

Last update on:10/28/2009 2:59:25 PM

Potential Conflict-of-Interest Form

Membership # 420560, Year 2010

John M. Zerwas, M.D.
6702 Riva Ridge Dr
Richmond, TX 77406-8680

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 10/28/2009 2:59:25 PM

President's Council on Executive Office Oversight

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01218

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   Yes

   If "Yes", Please list each political office:

   State Representative, District 28, Texas House of Representatives

CONFIDENTIAL ASA 01219

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:10/28/2009 2:59:25 PM)

CONFIDENTIAL ASA 01220

Last update on:10/28/2009 3:58:38 PM

Potential Conflict-of-Interest Form

Membership # 235048, Year 2010

Linda J. Mason, M.D.
Loma Linda University
Loma Linda University Medical Center
1665 Halsey St
Redlands, CA 92373-7262
Subcommittee on Pediatric Anesthesia

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 10/28/2009 3:58:39 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01221

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Vice-President for Compliance for Loma Linda University Adventist Health Sciences Center (LLUAHSC)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology and Pediatrics Loma Linda University 1996-present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01222

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:10/28/2009 3:58:38 PM)

CONFIDENTIAL ASA 01223

Last update on:7/9/2009 5:00:29 PM

Potential Conflict-of-Interest Form

Membership # 515951, Year 2010

James D. Grant, M.D.
William Beaumont Hospital
1574 Sodon Lake Dr.
Bloomfield Hills, MI 48302

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/9/2009 5:00:29 PM

Executive Committee of the Annual Meeting Oversight

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01224

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   South Oakland Anesthesia Associates, PC LMT Rehabilitation Associates, PC

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Directors, Michigan State Medical Society

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Michigan State Medical Society

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01225

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/9/2009 5:00:29 PM)

CONFIDENTIAL ASA 01226

Last update on:10/11/2009 7:13:56 AM

Potential Conflict-of-Interest Form

Membership # 324181, Year 2010

John P. Abenstein, M.D.
Mayo Clinic Anes. Dept.
10978 Eleventh Ave., N.W.
Oronoco, MN 55960-2110

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 10/11/2009 7:13:57 AM

Committee on Bylaws

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01227

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Mayo Cliinic - member and/or chair of Information Technology Comm, Workstation Oversite Group, Anesthesia/ICU Electronic Record Comm, Document Oversight Committee, Technology Oversight Group, Anesthesia Equipment Comm, Operations Coordinating Group, Mayo IBM Oversight Group, Enterprise Workstation Oversight Group Blue Cross, Blue Shield of Minnesota - member Medical Policy Committee State of Minnesota - member Medical Education and Research Cost Committee Minnesota Medical Association - Delegate, sit with Board of Trustees, Alt Delegate to the American Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Associate Professor of Anesthesiology Mayo Clinic College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

CONFIDENTIAL ASA 01228

Active in the Minnesota Republican Party

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   Active in the Minnesota Republican Party

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:10/11/2009 7:13:56 AM)

CONFIDENTIAL ASA 01229

Last update on:11/15/2009 1:29:14 PM

Potential Conflict-of-Interest Form

Membership # 368620, Year 2010

Steven L. Sween, M.D.
240 Marchand Ct., N.W.
Atlanta, GA30328

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/15/2009 1:29:13 PM

Committee on Governmental Affairs

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01230

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Partner in Physician Specialists in Anesthesia, Physician Pain Specialists and Pain Specialty Center of Atlanta, which provide anesthesia and pain medicine services to the campus of Saint Joseph's Hospital in Atlanta.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I am a board member of the above organizations, and serve on or chair several committees at Saint Joseph's Hospital of Atlanta.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01231

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/15/2009 1:29:14 PM)

CONFIDENTIAL ASA 01232

Last update on:10/29/2009 4:49:03 PM

Potential Conflict-of-Interest Form

Membership # 341726, Year 2010

James C. Eisenach, M.D.
Wake Forest University
Anesthesia Department
622 Arbor Road
Winston Salem, NC 27157-0001

Committee on Professional Education Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 10/29/2009 4:49:03 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01233

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Consultant - Endo Pharmaceutials Consultant - Medtronic Consultant - Solvay Grant Awardee - King Pharmaceuticals

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology Wake Forest University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01234

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:10/29/2009 4:49:03 PM)

CONFIDENTIAL ASA 01235

Last update on:2/3/2009 10:06:04 AM

Potential Conflict-of-Interest Form

Membership # 271416, Year 2010

Jeffrey B. Gross, M.D.
University of Connecticut
19 Madison Ln
West Simsbury, CT 06092-2615

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 2/3/2009 10:05:53 AM

Subcommittee on Respiration

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01236

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Director: Continuing Professional Education, Inc. Provides continuing education for business / accounting fields

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor and Chairman Department of Anesthesiology University of Connecticut School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01237

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:2/3/2009 10:06:04 AM)

CONFIDENTIAL ASA 01238

Last update on:12/1/2009 8:04:34 PM

Potential Conflict-of-Interest Form

Membership # 249654, Year 2010

Donald E. Martin, M.D.
Penn State Univ. College of Medicine
19 Gentry Drive
Palmyra, PA 17078

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 12/1/2009 8:04:34 PM

Committee on Standards and Practice Parameters

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01239

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Employee of Penn State Universitiy college of Medicine and Milton S. Hershey Medical Center - Standing tenured appointment Director of the Pennsylvania Society of Anesthesiologists - volunteer

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology and Associate Dean for Administration, Penn State University College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   American and Pennsylvania Societies of Anesthesiologists, ennsylvania Medical Society, Penn State University

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01240

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:12/1/2009 8:04:34 PM)

CONFIDENTIAL ASA 01241

Last update on:5/26/2009 2:13:08 PM

Potential Conflict-of-Interest Form

Membership # 325865, Year 2010

Kenneth J. Tuman, M.D.
Rush University Medical Center
1325 Hackberry Ln
Winnetka, IL 60093-1607

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/26/2009 2:13:08 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01242

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   University Anesthesiologists, S.C. Medical Practice of Anesthesiology

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   President, University Anesthesiologists,S.C. Medical Practice of Anesthesiology term indefinite

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology Rush University Medical Center at Rush Medical College term - permanent

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01243

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/26/2009 2:13:08 PM)

CONFIDENTIAL ASA 01244

Last update on:12/8/2009 7:27:03 PM

Potential Conflict-of-Interest Form

Membership # 402059, Year 2010

Norman A. Cohen, M.D.
Oregon Health & Science Univ. Anes. Dept.
0841 SW Gaines St # 504
Portland, OR 97239-2976

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 12/8/2009 7:27:03 PM

Committee on Representation to AMA

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01245

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   President Oregon Society of Anesthesiologists. Employed academic physician at Oregon Health & Science University Board of Trustees, Oregon Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Associate Professor, Oregon Health & Science University, Department of Anesthesiology & Peri-Operative Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   American Society of Anesthesiologists Oregon Society of Anesthesiologists Oregon Medical Association

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01246

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:12/8/2009 7:27:03 PM)

CONFIDENTIAL ASA 01247

Last update on:6/26/2009 1:21:22 PM

Potential Conflict-of-Interest Form

Membership # 394631, Year 2010

Gerald Maccioli, M.D.
American Anesthesiology of NC
PO Box 18623
Raleigh, NC 27619-8623

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 1:21:22 PM

President's Council on Executive Office Oversight

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01248

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   American Anesthesiology of NC

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01249

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 1:21:22 PM)

CONFIDENTIAL ASA 01250

Last update on:6/24/2009 8:17:48 PM

Potential Conflict-of-Interest Form

Membership # 552222, Year 2010

Hector Vila, Jr., M.D.
4304 W Azeele St
Tampa, FL 33609-3824

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/24/2009 8:17:49 PM

SAMBA Committee on Latin American Relations

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01251

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Pediatric Dental Anesthesia Associates

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   SAMBA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   USF Anesthesia Faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01252

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/24/2009 8:17:48 PM)

CONFIDENTIAL ASA 01253

Last update on:12/16/2009 8:21:32 AM

Potential Conflict-of-Interest Form

Membership # 169318, Year 2010

John B. Neeld, Jr., M.D.
Northside Anes. Consultants Northside Hospital
3025 River North Pkwy NW
Atlanta, GA 30328-1117

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 12/16/2009 8:21:32 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01254

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Partner, Northside Anesthesiology Consultants, our private practice

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I am on the board of MAG Mutual Insurance Company, a physician owned medical liability insurance company

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   I liobby for ASA and the AMA as other members do; I am not a professional lobbyist

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01255

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:12/16/2009 8:21:32 AM)

CONFIDENTIAL ASA 01256

Last update on:7/2/2009 9:37:26 AM

Potential Conflict-of-Interest Form

Membership # 509722, Year 2010

Jeffrey S. Plagenhoef, M.D.
Anesthesia Consultants Medical Group
1118 Ross Clark Circle, Suite 700
Dothan, AL 36301

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/2/2009 9:37:26 AM

Committee on Anesthesia Care Team

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01257

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I and my group have served as a consultants for an AIMS/computerized record company (DocuSys) for the last 2-3 years aiding in software development to help anesthesiologists and their patients.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Yes, medicine in general (MASA) and anesthesiology in specific (ASSA and ASA).

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01258

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/2/2009 9:37:26 AM)

CONFIDENTIAL ASA 01259

Last update on:6/26/2009 8:12:05 PM

Potential Conflict-of-Interest Form

Membership # 324716, Year 2010

Michael C. Gosney, M.D.
108 Chase Dr.
Muscle Shoals, AL 35661
US

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 8:12:05 PM

Committee on Governmental Affairs

Disclosure of Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01260

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Southern Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01261

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 8:12:05 PM)

CONFIDENTIAL ASA 01262

Last update on:11/26/2007 12:38:07 PM

Potential Conflict-of-Interest Form

Membership # 324716, Year 2008

Michael C. Gosney, M.D.
108 Chase Dr.
Muscle Shoals, AL 35661
US

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
No Signature Found!

Committee on Governmental Affairs

Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01263

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Ownership is an ambulatory surgery center not to exceed 1% in Florence Alabama

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Southern Medical Association, Councillor Medical Association of the State of Alabama, Delegate, 1 year

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01264

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

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(signed on:11/26/2007 12:38:07 PM)

CONFIDENTIAL ASA 01265

Last update on:7/2/2009 12:45:37 AM

Potential Conflict-of-Interest Form

Membership # 581854, Year 2010

Brion J. Beerle, M.D.
Chugach Anesthesia, LLC
PO Box 212289
Anchorage, AK 99521-2289

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/2/2009 12:45:37 AM

Disclosure of Affiliations

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a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01266

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   President, Alaska State Medical Society

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   Yes

   If "Yes", Please list each political office:

   see #7

CONFIDENTIAL ASA 01267

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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(signed on:7/2/2009 12:45:37 AM)

CONFIDENTIAL ASA 01268

Last update on:2/4/2009 11:07:32 AM

Potential Conflict-of-Interest Form

Membership # 339065, Year 2010

Daniel J. Cole, M.D.
Mayo Clinic College of Medicine
5777 E Mayo Blvd
Department of Anesthesiology
Phoenix, AZ 85054-4502

Executive Committee of the Annual Meeting Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
No Signature Found!

Disclosure of Affiliations

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CONFIDENTIAL ASA 01269

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Employee of Mayo Clinic Director, American Board of Anesthesiologists Director to ASA, Arizona Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Mayo Clinic, College of Medicine Professor of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA Mayo Clinic Arizona Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01270

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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(signed on:2/4/2009 11:07:32 AM)

CONFIDENTIAL ASA 01271

Last update on:7/10/2009 12:32:46 PM

Potential Conflict-of-Interest Form

Membership # 330796, Year 2010

Robert J. Pease, M.D.
P.O. Box 220909
Anchorage, AK 99522

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/10/2009 12:32:46 PM

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"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01272

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I an the Medical Director and Baord member of my anesthesia group

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01273

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/10/2009 12:32:46 PM)

CONFIDENTIAL ASA 01274

Potential Conflict-of-Interest Form

Membership # 673748, Year 2010

Jeff T. Mueller, M.D.
Mayo Clinic Hospital
Dept of Anesthesiology
5777 East Mayo Boulevard
Phoenix, AZ 85054
US

Committee on Economics

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/15/2009 5:59:39 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01275

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Directors, Arizona Medical Association 2009-2011 Alternate, House of Delegates, American Medical Association 2009-2011

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Instructor, Anesthesiology, Mayo Clinic 2009-? Adjunct Professor, Midwestern University 2009-2010

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Arizona Medical Association, volunteer advocacy Mayo Clinic, physician support of organizational lobbying effort

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01276

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   Undetermined, but involvement in specific campaigns is likely for 2009-2010 cycle

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/15/2009 5:59:38 PM)

CONFIDENTIAL ASA 01277

Last update on:11/30/2009 6:48:48 AM

Potential Conflict-of-Interest Form

Membership # 362227, Year 2010

James M. Vollers, M.D.
University of Arkansas for Medical Sciences
1 Childrens Way
Slot 203, S-319
Little Rock, AR 72202-3510

Subcommittee on Pediatric Anesthesia

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/30/2009 6:48:48 AM

Disclosure of Affiliations

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01278

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Arkansas Society of Anesthesiologists, President

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   university of Arkansas for Medical Sciences, Professor of Anesthesiology with tenure

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA legislative activity, state, local, and national

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01279

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/30/2009 6:48:48 AM)

CONFIDENTIAL ASA 01280

Last update on:5/18/2009 3:17:52 PM

Potential Conflict-of-Interest Form

Membership # 321729, Year 2010

Mark A. Singleton, M.D.
1805 Greencreek Dr.
San Jose, CA 95124-1121

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/18/2009 3:17:53 PM

Committee on Quality Management & Departmental Administration

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01281

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   I am a shareholder in my group anesthesiology practice.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   see #3 above

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I provide expert medical consulting for several legal firms.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Adjunct Clinical Professor of Anesthesiology, Stanford University.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Various medical societies and associations including ASA.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01282

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/18/2009 3:17:52 PM)

CONFIDENTIAL ASA 01283

Last update on:7/7/2009 6:25:53 PM

Potential Conflict-of-Interest Form

Membership # 722424, Year 2010

Brent L. Walker, M.D.
Ozark Regional Anesthesia
3640 E Leawood Way
Fayetteville, AR 72703-4827

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/7/2009 6:25:54 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01284

Yes

If "Yes", Please list the name of each business and the type of goods or services involved:

Arkansas Mutual Insurance Company-an upstart company that will provide medical liability insurance to the physicians of Arkansas

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Currently in my "buy out" phase for my previous group, Little Rock Anesthesia Svcs.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Medical Director of Arkansas Mutual Insurance Company, listed above.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01285

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/7/2009 6:25:53 PM)

CONFIDENTIAL ASA 01286

Last update on:8/8/2009 12:47:05 PM

Potential Conflict-of-Interest Form

Membership # 256707, Year 2010

Peggy G. Duke, M.D.
Emory University Hospital
1364 Clifton Road
Dept of Anesthesiology A303
Atlanta, GA 30322

Committee on Surgical Anesthesia

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 8/8/2009 12:47:05 PM

Disclosure of Affiliations

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Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01287

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Assistant Professor Emory University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01288

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   John Lewis campaign Tom Price campaign

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:8/8/2009 12:47:05 PM)

CONFIDENTIAL ASA 01289

Last update on:5/24/2009 9:51:08 AM

Potential Conflict-of-Interest Form

Membership # 308607, Year 2010

Linda B. Hertzberg, M.D.
Anesthesia Consultants of Fresno
6622 N. Forkner Ave.
Fresno, CA 93711

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/24/2009 9:51:08 AM

Committee on Quality Management & Departmental Administration

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01290

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Anesthesia Consultants of Fresno - I am a partner (one of 26) in this practice. MEDBIS, a medical billing service: I own shares in this entity. Anesthesia Holding Partnership - owns the building that ACF and MEDBIS lease: I own shares in this entity. Pediatric Anesthesia Associates Medical Group Inc - My husband, David Merzel, is a shareholder and partner in this entity

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   California Society of Anesthesiologists - President 2009-2010

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA advocacy

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01291

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/24/2009 9:51:08 AM)

CONFIDENTIAL ASA 01292

Last update on:7/2/2009 2:59:07 AM

Potential Conflict-of-Interest Form

Membership # 565621, Year 2010

William H. Montgomery, M.D.
533 Ahakea Street
Honolulu, HI 96816

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/2/2009 2:59:07 AM

Committee on Administrative Affairs

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01293

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Associate Professor of Anesthesiology, University of Hawaii Scholl of Medicine 2008-2011

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01294

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/2/2009 2:59:07 AM)

CONFIDENTIAL ASA 01295

Potential Conflict-of-Interest Form

Membership # 399726, Year 2010

Della M. Lin, M.D.
1329 Lusitana St., #604
Honolulu, HI 96813

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/22/2009 11:33:29 PM

Committee on Ambulatory Surgical Care

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01296

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   I am in private practice

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I am on the board of directors of HMSA (Hawaii Medical Services Association) and have been on that board since 2002.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   I am a Senior Fellow in Health Safety and System Design with the Estes Park Institute --- an organization that teaches hospital governance by educating board members, adminstrators and physician leaders in a common format. I predominantly teach physician leadership and patient safety.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01297

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/22/2009 11:33:28 PM)

CONFIDENTIAL ASA 01298

Last update on:7/10/2009 11:50:50 AM

Potential Conflict-of-Interest Form

Membership # 406082, Year 2010

Randall M. Clark, M.D.
21 Hyde Park Circle
Denver, CO 80209

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/10/2009 11:50:51 AM

Committee on Pediatric Anesthesia

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01299

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   STAT Consulting, P.C. Owner and Director.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Same as #3. Also Director of Colorado Society of Anesthesiologists and Denver Medical Society. Ex officio member of Board of Directors of Society for Pediatric Anesthesia, Executive Committee of AAP Section on Anesthesiology and Pain Medicine.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University of Colorado, Department of Anesthesiology, Associate Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01300

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/10/2009 11:50:50 AM)

CONFIDENTIAL ASA 01301

Last update on:7/27/2009 4:21:40 PM

Potential Conflict-of-Interest Form

Membership # 579819, Year 2010

Matthew J. Wood, M.D.
3080 NE Sunburst Ave
Hillsboro, OR 97124-1684

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/27/2009 4:21:41 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01302

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

CONFIDENTIAL ASA 01303

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/27/2009 4:21:40 PM)

CONFIDENTIAL ASA 01304

Last update on:7/7/2009 10:58:12 AM

Potential Conflict-of-Interest Form

Membership # 685714, Year 2010

Alexey V. Slucky, M.D.
South Denver Anesthesiologists, PC
333 W. Hampden Ave., Suite 600
Englewood, CO 80110

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/7/2009 10:58:13 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01305

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   2% owner of Rocky Mountain Surgical Investors. A physician investor group for Rocky Mountain Surgical Center in Englewood, CO.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Contracted medical director for Rocky Mountain Surgical Center in Englewood, CO.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Current president of the Colorado Society of Anesthesiologists. I am frequently involved in public advocacy on behalf of the CSA.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01306

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/7/2009 10:58:12 AM)

CONFIDENTIAL ASA 01307

Last update on:7/26/2009 8:52:21 PM

Potential Conflict-of-Interest Form

Membership # 553167, Year 2010

Phillip G. Schmid, III, M.D.
1925 W. Woods Gulch Ct.
Eagle, ID 83616-2459

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/26/2009 8:52:22 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01308

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Boise Anesthesia, P.A., a private, anesthesiologist-owned, group practice.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   President, Idaho Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Idaho Society of Anesthesiologists (ISA). Lobbying to congress on behalf of the ISA.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01309

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/26/2009 8:52:21 PM)

CONFIDENTIAL ASA 01310

Last update on:11/25/2009 6:15:43 PM

Potential Conflict-of-Interest Form

Membership # 209310, Year 2010

Jan Ehrenwerth, M.D.
4 Randi Dr
Madison, CT 06443-2440

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/25/2009 6:15:44 PM

Committee on Equipment and Facilities

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01311

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Directors for the CT State Society of Anesthesiologists, Society for Technology in Anesthesia, and the Anesthesia Patient Safety Foundatiuon

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   National fire Protection Association- Technical Committees on Gas pipelines and Electgrical systems

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology-Yale University School of Medicine no term limit

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01312

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/25/2009 6:15:43 PM)

CONFIDENTIAL ASA 01313

Potential Conflict-of-Interest Form

Membership # 612379, Year 2010

Joseph W. Szokol, M.D.
Evanston Northwestern Healthcare
976 Sunset Rd.
Winnetka, IL 60093-3641

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 5:17:58 PM

Committee on Professional Liability

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01314

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01315

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 5:17:58 PM)

CONFIDENTIAL ASA 01316

Last update on:2/3/2009 10:06:04 AM

Potential Conflict-of-Interest Form

Membership # 271416, Year 2010

Jeffrey B. Gross, M.D.
University of Connecticut
19 Madison Ln
West Simsbury, CT 06092-2615

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 2/3/2009 10:05:53 AM

Subcommittee on Respiration

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01317

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Director: Continuing Professional Education, Inc. Provides continuing education for business / accounting fields

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor and Chairman Department of Anesthesiology University of Connecticut School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01318

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:2/3/2009 10:06:04 AM)

CONFIDENTIAL ASA 01319

Last update on:7/2/2009 1:03:03 PM

Potential Conflict-of-Interest Form

Membership # 272419, Year 2010

Chris A. Kittle, M.D.
8 Rosecroft Ct.
Wilmington, DE 19808-4334

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/2/2009 1:03:03 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01320

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

CONFIDENTIAL ASA 01321

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/2/2009 1:03:03 PM)

CONFIDENTIAL ASA 01322

Last update on:7/1/2009 3:34:39 PM

Potential Conflict-of-Interest Form

Membership # 376866, Year 2010

Gerard T. Costello, M.D.
7404 N. Landings Trail
Muncie, IN 47303

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 3:34:39 PM

Committee on Governmental Affairs

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01323

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Partner in Delaware County Anesthesiologists. Partner in Delaware County Anesthesiologists Holdingd , LLC.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Director, Transitional Residency Program, Ball Memorial Hospital

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Indiana University, Associate Clinical Professor of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   Yes

CONFIDENTIAL ASA 01324

If "Yes", Please list each political office:

Member Delaware County Board of Health, Member Colon Township Lake Board

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 3:34:39 PM)

CONFIDENTIAL ASA 01325

Last update on:12/1/2009 12:34:10 PM

Potential Conflict-of-Interest Form

Membership # 560162, Year 2010

John F. Dombrowski, M.D.
5123 Watson St NW
Washington, DC 20016-5341

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 12/1/2009 12:34:11 PM

Committee on Outreach Education

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01326

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01327

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:12/1/2009 12:34:10 PM)

CONFIDENTIAL ASA 01328

Potential Conflict-of-Interest Form

Membership # 430553, Year 2010

Robert W. Brandt, M.D.
Anesthesia Consultants of Indianapolis
741 Mayfair Ln
Carmel, IN 46032-8654

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 8:34:28 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01329

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   I am a Partner along with over 60 other anesthesiologists in my private practice anesthesiology group, Anesthesia Consultants of Indianapolis, LLC, which provides clinical anesthesia services in the central Indiana region. Most income is from clinical services with very little income coming from corporate activities and investments.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I serve on 2 committees, I am one of three Trustees for the pension plan, and I am the Compliance Officer for Anesthesia Consultants of Indianapolis, LLC. I also chair our group's committee that oversees scheduling issues.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01330

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 8:34:28 PM)

CONFIDENTIAL ASA 01331

Last update on:5/23/2009 9:35:40 AM

Potential Conflict-of-Interest Form

Membership # 241357, Year 2010

Raafat S. Hannallah, M.D.
Childrens National Medical Center
111 Michigan Ave NW
Washington, DC 20010-2916

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/23/2009 9:35:40 AM

Subcommittee on Ambulatory and Geriatric Anesthesia

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01332

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I am a PRN medical consultant to Baxter

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology and pediatrics, The George Washington University medical Centr, Washington, DC

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01333

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/23/2009 9:35:40 AM)

CONFIDENTIAL ASA 01334

Last update on:5/18/2009 7:15:54 PM

Potential Conflict-of-Interest Form

Membership # 383500, Year 2010

David Varlotta, D.O.
1303 Bayshore Blvd.
Tampa, FL 33606-2911

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/18/2009 7:15:55 PM

Committee on Anesthesia Care Team

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01335

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   I hold a material financial interest in three private medical practices: Unicom Anesthesia Associates, Advantage Anesthesia, and David Varlotta, LLC. These businesses provide anesthesia and consulting services.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Directors - Florida Society of Anesthesiologists Board of Directors - Unicom Anesthesia Associates - (a private medical group practice) President - Advantage Anesthesia - Anesthesia consulting services Sole Proprietor - David Varlotta, LLC - Anesthesia consulting services

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University of South Florida College of Medicine - Core Clinical Instructor - term - annual University of Miami, Miller School of Medicine - Voluntary Faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

CONFIDENTIAL ASA 01336

Florida Society of Anesthesiologists - PAC chairman, American Society of Anesthesiologists - Lobbying in conjunction with the annual legislative conference Florida Medical Association - PAC Board Member

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/18/2009 7:15:55 PM)

CONFIDENTIAL ASA 01337

Last update on:5/18/2009 9:58:38 AM

Potential Conflict-of-Interest Form

Membership # 666298, Year 2010

Jeffrey S. Jacobs, M.D.
11041 Pine Lodge Trail
Davie, FL 33328
US

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/18/2009 9:58:38 AM

Committee on Ethics

Disclosure of Affiliations

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01338

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Cleveland Clinic Institute of Bioethics

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA and FSA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   Yes

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01339

State of Florida Ethics Commission

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/18/2009 9:58:38 AM)

CONFIDENTIAL ASA 01340

Last update on:8/25/2009 9:26:14 AM

Potential Conflict-of-Interest Form

Membership # 217294, Year 2009

John R. Moyers, M.D.
UIHC
200 Hawkins Dr.
Dept of Anes.
Iowa City, IA 52242-1079
Committee on Scientific Affairs

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 8/25/2009 9:26:14 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01341

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Directors, Oaknoll Retirement Facility, Iowa City, IA Board of Trustees, Anesthesia Foundation

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor, Univ. of Iowa College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01342

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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(signed on:8/25/2009 9:26:14 AM)

CONFIDENTIAL ASA 01343

Last update on:6/26/2009 10:44:36 AM

Potential Conflict-of-Interest Form

Membership # 323881, Year 2010

James D. Kindscher, M.D.
University of Kansas Medical Center
14204 Dearborn St
Overland Park, KS 66223-2594

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 10:44:36 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01344

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

CONFIDENTIAL ASA 01345

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 10:44:36 AM)

CONFIDENTIAL ASA 01346

Last update on:6/28/2009 6:57:12 PM

Potential Conflict-of-Interest Form

Membership # 402751, Year 2010

Stephen D. Tarver, M.D.
11304 W. 140th St.
Overland Park, KS 66221

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/28/2009 6:57:12 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01347

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University of Kansas School of Medicine, Associate Professor Dept of Anesthesia

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01348

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/28/2009 6:57:12 PM)

CONFIDENTIAL ASA 01349

Last update on:7/1/2009 8:21:22 PM

Potential Conflict-of-Interest Form

Membership # 402616, Year 2010

James L. Becker, M.D.
35303 Cabernet Circle
Waukee, IA 50263-8125

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 8:21:23 PM

Disclosure of Affiliations

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If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01350

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

CONFIDENTIAL ASA 01351

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 8:21:22 PM)

CONFIDENTIAL ASA 01352

Last update on:7/10/2009 3:52:25 PM

Potential Conflict-of-Interest Form

Membership # 585800, Year 2010

Raymond J. Sullivan, M.D.
20 Medical Village Dr., Suite 258
Edgewood, KY 41017

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/10/2009 3:52:25 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Central Anesthesia Management Services, provides billing and management services

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01354

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/10/2009 3:52:25 PM)

CONFIDENTIAL ASA 01355

Last update on:11/17/2009 5:58:28 PM

Potential Conflict-of-Interest Form

Membership # 239140, Year 2010

Mack A. Thomas, M.D.
244 Beverly Dr.
Metairie, LA 70001

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/17/2009 5:58:28 PM

Committee on Local Arrangements

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01356

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology and Surgery, Department of Surgery and Anesthesiology, LSUHSC, New Orleans, LA

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01357

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/17/2009 5:58:28 PM)

CONFIDENTIAL ASA 01358

Last update on:11/28/2009 7:02:49 AM

Potential Conflict-of-Interest Form

Membership # 656498, Year 2010

Gary E. Palman, D.O.
Spectrum Anes.,Maine Med. Ctr.
22 Bramhall St
Portland, ME 04102-3134

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/28/2009 7:02:49 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01359

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   President Maine Society of Anesthesiologists Committee member ADA Committee National Board of Osteopathic Medical Examiners

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Trustee and Executive Committee of the University of New England

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Tufts University via Maine Medical Center

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01360

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/28/2009 7:02:49 AM)

CONFIDENTIAL ASA 01361

Last update on:7/7/2009 5:27:43 PM

Potential Conflict-of-Interest Form

Membership # 763104, Year 2010

Frank A. Rosinia, M.D.
Tulane University School of Medicine
23 Idlewood Pl
River Ridge, LA 70123-1525

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/7/2009 5:27:43 PM

Committee on Practice Management

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01362

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Tulane University Department of Anesthesiology Chairman

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01363

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/7/2009 5:27:43 PM)

CONFIDENTIAL ASA 01364

Potential Conflict-of-Interest Form

Membership # 278073, Year 2010

Terry Walman, M.D.
Anes. & Critical Care Medicine
PO Box 2968
Annapolis, MD 21404-2968

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/14/2009 9:18:36 AM

Committee on Expert Witness Testimony Review

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01365

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Anesthesia Company, Annapolis, MD

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Johns Hopkins University, Adjunct Faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01366

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/14/2009 9:18:35 AM)

CONFIDENTIAL ASA 01367

Last update on:6/1/2009 8:44:06 AM

Potential Conflict-of-Interest Form

Membership # 681644, Year 2010

Michael H. Entrup, M.D.
P.O. Box 5178
Framingham, MA 01701-5178

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/1/2009 8:44:07 AM

Committee on Newsletter

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01368

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   ASA BOD

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Tufts University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   on behalf of ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01369

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/1/2009 8:44:06 AM)

CONFIDENTIAL ASA 01370

Last update on:7/5/2009 5:16:11 PM

Potential Conflict-of-Interest Form

Membership # 215131, Year 2010

Beverly K. Philip, M.D.
Brigham & Woman's Hospital
75 Francis St
Anesthesiology
Boston, MA 02115-6110

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/5/2009 5:16:12 PM

Executive Committee of the Annual Meeting Oversight

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01371

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Accreditation Association for Ambulatory Health Care- Director (representing SAMBA) . Volunteer position

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anaesthesia, Harvard Medical School

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01372

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/5/2009 5:16:11 PM)

CONFIDENTIAL ASA 01373

Last update on:6/28/2009 4:53:30 PM

Potential Conflict-of-Interest Form

Membership # 290556, Year 2010

Kenneth Elmassian, D.O.
Ingham Regional Medical Center
2399 Pine Hollow Dr.
East Lansing, MI 48823

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/28/2009 4:53:30 PM

Committee on Governmental Affairs

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01374

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Trustees, Ingham Regional Medical Center Board Member, Michigan Society of Anesthesiologists, Michigan State Medical Society, Ingham County Medical Society, American Society of Anesthesiologists President, Fair Campaign Fund--fund available to State of Michigan candidates Chief of Staff, Ingham Regional Medical Center

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Clinical Professor, Michigan State University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Michigan Society of Anesthesiologists Michigan State Medical Society American Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01375

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/28/2009 4:53:30 PM)

CONFIDENTIAL ASA 01376

Last update on:5/21/2009 5:42:09 PM

Potential Conflict-of-Interest Form

Membership # 620515, Year 2010

John L. Pappas, M.D.
William Beaumont Hospital Troy
294 Barden Rd
Bloomfield Hills, MI 48304-2711

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/21/2009 5:42:10 PM

Committee on Membership

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01377

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   clinical associate professor, oakland universiyt william beaumont school of medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01378

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/21/2009 5:42:09 PM)

CONFIDENTIAL ASA 01379

Last update on:6/26/2009 10:41:38 AM

Potential Conflict-of-Interest Form

Membership # 507308, Year 2010

Claude D. Brunson, M.D.
Univ of Mississippi Med Ctr
2500 N State St
Jackson, MS 39216-4500

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 10:41:39 AM

Committee on Governmental Affairs

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01380

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   President, Mississippi Medical and Surgical Association, 2009-2011. Board of Trustees, Mississippi State Medical Association. 2008-2011.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board of Directors, Madison County Bank

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor and Chairman, Anesthesiology, University of Mississippi Medical Center

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Advocating for Medicine as Trustee of Mississippi State Medical Association.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01381

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 10:41:38 AM)

CONFIDENTIAL ASA 01382

Last update on:5/22/2009 1:11:54 PM

Potential Conflict-of-Interest Form

Membership # 660214, Year 2010

Brian P. McGlinch, M.D.
Mayo Clinic Anesthesiology
1832 22nd Ave NE
Rochester, MN 55906-8035

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/22/2009 1:11:54 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01383

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   American Society of Anesthesiologists Minnesota Society of Anesthesiologists Minnesota Medical Association Zumbro Valley Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Mayo Clinic, Rochester, MN, Assistant Professor of Anesthesiology, permanent

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01384

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/22/2009 1:11:54 PM)

CONFIDENTIAL ASA 01385

Last update on:6/26/2009 12:51:11 PM

Potential Conflict-of-Interest Form

Membership # 319319, Year 2010

Candace E. Keller, M.D., M.P.H.
2500 N State St
Jackson, MS 39216-4500

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 12:51:11 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01386

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University of Mississippi Medical Center Associate Professor of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   AMA, Miss. State Medical Assn.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01387

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 12:51:11 PM)

CONFIDENTIAL ASA 01388

Last update on:7/1/2009 5:51:51 PM

Potential Conflict-of-Interest Form

Membership # 658201, Year 2010

Thomas E. Saak, M.D.
462 Chukker Valley
Ellisville, MO 63021

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 5:51:52 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01389

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

CONFIDENTIAL ASA 01390

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 5:51:51 PM)

CONFIDENTIAL ASA 01391

Last update on:3/3/2009 8:52:58 AM

Potential Conflict-of-Interest Form

Membership # 383330, Year 2010

Donald E. Arnold M.D.
Western Anesthesiology Assoc. Inc.
339 Consort Dr
Ballwin, MO 63011-4439

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 3/3/2009 8:53:09 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01392

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Anesthesia Group practice: Shareholder, Board Director and President, Western Anesthesiology Associates, Inc., St. Louis, MO Wife: Tamara K. Ehlert, MD; Physician in solo practice, St. Louis, MO

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   St. John's Mercy Medical Center, St. Louis, MO Department of Anesthesiology Chair, Member Medical Executive Committee The Joint Commission ASA Alternate Representative to TJC HAPPTAC Anesthesia Quality Institute Secretary, Board Director

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Champion Bank, St. Louis, MO Chair, Healthcare Advisory Board

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01393

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

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Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:3/3/2009 8:52:58 AM)

CONFIDENTIAL ASA 01394

Last update on:6/29/2009 9:18:41 AM

Potential Conflict-of-Interest Form

Membership # 636934, Year 2010

Sheila J. Ellis, M.D.
University of Nebraska Medical Center
University of Nebraska Medical Center
10247 Adams St.
Omaha, NE 68127-4540

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/29/2009 9:18:42 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01395

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University of Nebraska Medical Center, Associate Professor, one year appointment with continuous renewal

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   American Society of Anesthesiologists, attendance at Legislative Conference and advocacy on behalf of ASA at local, state and national level

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01396

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/29/2009 9:18:41 AM)

CONFIDENTIAL ASA 01397

Last update on:6/26/2009 6:20:30 PM

Potential Conflict-of-Interest Form

Membership # 306055, Year 2010

Mike P. Schweitzer, M.D.
1927 Holstein Ln.
Laurel, MT 59044-9567

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 6:20:31 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01398

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   OR PEER a software program sold to healthcare facilities.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Vice President Of Medical Affairs/Chief Medical Officer St. Vincent and Holy Rosary Healthcare Vice Chair of Board of Rocky Mopuntain Health Network Board member MT Family Practice Residency Board member ASA and MSA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University of Washington Anesthesiology for Medical Students

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01399

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   Fund Raising for Senators Max Baucus and Jon Tester

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    Yes

    If "Yes", Please list the family member involved and the nature of the activity:

    MT Governor Brian Schweitzer MT Deputy State Auditor Walter Schweitzer

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 6:20:30 PM)

CONFIDENTIAL ASA 01400

Last update on:5/18/2009 10:42:51 PM

Potential Conflict-of-Interest Form

Membership # 299302, Year 2010

Jonathan R. Zucker, M.B.,Ch.B.
1612 Saint Gregory Drive
Las Vegas, NV 89117

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/18/2009 10:42:51 PM

Committee on Trauma and Emergency Preparedness

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01401

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA and Nevada State component society - anesthesiology advocacy

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01402

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/18/2009 10:42:51 PM)

CONFIDENTIAL ASA 01403

Last update on:6/29/2009 7:05:39 AM

Potential Conflict-of-Interest Form

Membership # 232946, Year 2010

K. R. Peters, M.D.
University of Nebraska Medical Center
180 S 216th Cir
Elkhorn, NE 68022-1820

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/29/2009 7:05:40 AM

Disclosure of Affiliations

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01404

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor, Department of Anesthesiology, University of Nebraska College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01405

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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(signed on:6/29/2009 7:05:39 AM)

CONFIDENTIAL ASA 01406

Last update on:7/11/2009 8:48:42 PM

Potential Conflict-of-Interest Form

Membership # 858488, Year 2010

Brett E. Winthrop, M.D.
Sierra Anesthesia, Inc
Sierra Anesthesia
520 Hammill Ln
Reno, NV 89511-2045

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/11/2009 8:48:43 PM

Disclosure of Affiliations

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Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01407

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01408

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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(signed on:7/11/2009 8:48:42 PM)

CONFIDENTIAL ASA 01409

Last update on:12/6/2009 6:55:10 PM

Potential Conflict-of-Interest Form

Membership # 638033, Year 2010

Steven J. Hattamer, M.D.
Nashua Anesthesia Partners
8 Prospect Street
Nashua, NH 03060

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 12/6/2009 6:55:11 PM

Committee on Quality Management & Departmental Administration

Disclosure of Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01410

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Pain Centers, PLLC - surgy center specializing in Pain Management

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Center for Operating Room Excellence - Owner

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01411

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   ASA PAC Board

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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(signed on:12/6/2009 6:55:10 PM)

CONFIDENTIAL ASA 01412

Last update on:6/26/2009 3:02:15 PM

Potential Conflict-of-Interest Form

Membership # 330118, Year 2010

Sean E. Hunt M.D.
Dartmouth-Hitchcock Clinic
100 Hitchcock Way
Manchester, NH 03104-4125

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 3:02:15 PM

SAMBA Committee on Society Website

Disclosure of Affiliations

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If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01413

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Assistant Professor of Anesthesiology, Dartmouth Medical School, 1999-present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01414

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 3:02:15 PM)

CONFIDENTIAL ASA 01415

Last update on:2/4/2009 8:42:47 AM

Potential Conflict-of-Interest Form

Membership # 394201, Year 2010

Aryeh Shander, M.D.
Englewood Hospital and Medical Center
12 Lois Ave
Demarest, NJ 07627-2220

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 2/4/2009 8:42:59 AM

Subcommittee on Critical Care

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01416

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   American Association of Blood Banks (AABB), National Anemia Action Council (NAAC), Society for the Advancement of Blood Management (SABM), New Jersey State Society of Anesthesiologists (NJSSA)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Mt. Sinai School of Medicine, Mount Sinai Hospital, New York

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01417

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:2/4/2009 8:42:47 AM)

CONFIDENTIAL ASA 01418

Last update on:7/3/2009 9:16:03 AM

Potential Conflict-of-Interest Form

Membership # 251383, Year 2010

Kenneth I. Mirsky, M.D.
625 LenoxAve.
Westfield, NJ 07090-2162

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/3/2009 9:16:03 AM

Committee on Finance

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01419

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Member, ASA Board of Directors, re-elected to a three-year term to begin October, 2009. Member, Executive Committee, New Jersey State Society of Anesthesiologists. Informal appointment process, probably long-term commitment.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University of Medicine and Dentistry of New Jersey/New Jersey Medical School; Clinical Assistant Professor; yearly appointment.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Lobbying as a member of the public, not registering as a lobbyist, on behalf of ASA and NJSSA.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01420

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/3/2009 9:16:03 AM)

CONFIDENTIAL ASA 01421

Last update on:6/2/2009 4:43:17 PM

Potential Conflict-of-Interest Form

Membership # 551241, Year 2010

Ruth E. Burstrom, M.D.
University of NM School of Med.
1538 Eagle Ridge Pl.,N.E.
Albuquerque, NM 87122-1154

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/2/2009 4:43:17 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01422

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Audubon New Mexico - on board and executive committee, component of the National Audubon Society. President - New Mexico Audubon Council - representatives of the chapters of National Audubon in New Mexico doing environmental, conservation and energy activism. It is a two year term - I plan to run for re-election later this year. The Council President is automatically a member of the Audubon New MExico Board.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   University f New Mexico Assistant Professor Department of Anesthesiology and Critical Care 3 year appointments

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   National Audubon, Audubon New Mexico and the New Mexico Audubon Council - conservation, ecology, energy, habitat protection, and endangered species advocate.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01423

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   Lobbying congressional delegation.

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/2/2009 4:43:17 PM)

CONFIDENTIAL ASA 01424

Last update on:5/17/2009 8:18:42 AM

Potential Conflict-of-Interest Form

Membership # 237305, Year 2010

Kenneth J. Freese, M.D.
Nassau University Medical Center
660 Wenwood Dr
East Meadow, NY 11554-4943
US

Committee on Physician Resources

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/17/2009 8:18:43 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01425

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   New York State Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Clinical Anesthesiology, State University of New York at Stony Brook Professor of Anesthesiology, New York College of Osteopathic Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   New York State Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01426

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/17/2009 8:18:42 AM)

CONFIDENTIAL ASA 01427

Last update on:5/20/2009 9:25:19 AM

Potential Conflict-of-Interest Form

Membership # 324013, Year 2010

Scott B. Groudine, M.D.
Albany Medical Center
21 Carriage Hill Drive
Latham, NY 12110-4946

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/20/2009 9:25:20 AM

Subcommittee on Neuromuscular Transmission

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01428

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Albany medical College Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01429

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/20/2009 9:25:19 AM)

CONFIDENTIAL ASA 01430

Last update on:6/26/2009 10:39:02 AM

Potential Conflict-of-Interest Form

Membership # 220936, Year 2010

Frank H. Moretz, M.D.
Asheville Anesthesia Associates
P. O. Box 5244
Asheville, NC 28813

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 10:39:02 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01431

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Asheville Anesthesia Associates

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   President, Asheville Anesthesia Associates

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Director, Highland Brewing Company

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Asheville Anesthesia Associates, North Carolina Society of Anesthesiologists, legislative liason

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01432

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 10:39:02 AM)

CONFIDENTIAL ASA 01433

Last update on:6/26/2009 4:27:13 PM

Potential Conflict-of-Interest Form

Membership # 298842, Year 2010

John C. Chatelain, M.D.
1319 S.9th St.
Fargo, ND 58103-4105

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 4:27:13 PM

Committee on Rural Access to Anesthesia Care

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01434

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Board Member: Federation of Pershing Rifles Alumni Associations

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01435

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 4:27:13 PM)

CONFIDENTIAL ASA 01436

Last update on:7/15/2009 12:39:41 PM

Potential Conflict-of-Interest Form

Membership # 652351, Year 2010

Nageswararao V. Chalasani, M.B.,B.S.
Valley Anesthesia Associates, P.C.
2130 Sterling Rose Ln. S.
Fargo, ND 58104-6806

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/15/2009 12:39:41 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01437

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   VALLEY ANESTHESIA ASSOCIATES P.C. - PRACTICE INSTITUTE FOR SPECIAL SURGERY - ASC RED RIVER VALLEY DIALYSIS - DIALYSIS FACILITY

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   VALLEY ANESTHESIA ASSOCIATES - PRESIDENT INSTITUTE FOR SPECIAL SURGERY - BOARD MEMBER

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01438

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/15/2009 12:39:41 PM)

CONFIDENTIAL ASA 01439

Last update on:5/18/2009 9:21:34 PM

Potential Conflict-of-Interest Form

Membership # 560719, Year 2010

Ronald L. Harter, M.D.
Ohio State University Medical Center
7825 Holiston Ct
Dublin, OH 43016-8659

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/18/2009 9:21:34 PM

Committee on Residents and Medical Students

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01440

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Alternate Director, ASA Board of Directors

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Ohio State University Medical Center, Interim Chair, Associate Professor Clinical, since 6/07.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01441

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/18/2009 9:21:34 PM)

CONFIDENTIAL ASA 01442

Last update on:6/27/2009 6:01:05 AM

Potential Conflict-of-Interest Form

Membership # 705695, Year 2010

John P. Lawrence, M.D.
Univ of Cincinnati Coll of Med
231 Albert Sabin Way - P.O. Box 670531
Cincinnati, OH 45267-0531

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/27/2009 6:01:05 AM

SEA Committee on Resident Curriculum

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01443

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Ohio Society of Anesthesiologists: -President elect: September 2008-August 2009 -President: September 2009-August 2010 -Member, Board of Directors 2005-Present -Chair, Committee on Annual Meeting -Member, Committee on Governmental Affairs

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Associate Professor of Clinical Anesthesiology at the University of Cincinnati College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01444

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/27/2009 6:01:05 AM)

CONFIDENTIAL ASA 01445

Last update on:8/31/2009 5:51:57 PM

Potential Conflict-of-Interest Form

Membership # 600482, Year 2010

Jay D. Cunningham, D.O.
18808 Saddle River Dr
Edmond, OK 73012-4104

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 8/31/2009 5:51:58 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01446

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Affiliated Anesthesiologist Inc, Oklahoma City, Oklahoma

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Affiliated Anesthesiologist Inc, Oklahoma City, Oklahoma-Board of Directors AAI is a private medical practice group of 20 anesthesiologist.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Oklahoma Society of Anesthesiologist

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01447

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   Yes. We are attempting to pass legislation in the Oklahoma State House regarding the practice of chronic pain management.

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:8/31/2009 5:51:57 PM)

CONFIDENTIAL ASA 01448

Last update on:5/22/2009 2:59:41 PM

Potential Conflict-of-Interest Form

Membership # 522673, Year 2010

Jane C.K. Fitch, M.D.
Oklahoma Allergy Clinic Bldg.
Anesthesia Department
750 NE 13th St Ste 200
Oklahoma City, OK 73104-5024

SEA Committee on Finance

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/22/2009 2:59:41 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01449

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   ASA - Chair, CGA; Director - OK AMA - ASA delegation secretary SCA - Committee member

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   2001 -present Professor and Chair Department of Anesthesiology University of Oklahoma HSC

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA, OSA issues OCMS, OSMA & AMA issues

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01450

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/22/2009 2:59:41 PM)

CONFIDENTIAL ASA 01451

Last update on:7/1/2009 11:31:33 PM

Potential Conflict-of-Interest Form

Membership # 346388, Year 2010

Charles K. Anderson, M.D.
60975 Billadeau Rd.
Bend, OR 97702

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 11:31:34 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01452

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I am the Secretary/Treasurer of the Oregon Medical Association. This is a two year term.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   The Oregon Medical Association. I will participate in any and all lobbing efforts for health care related to the policies and decisions of the OMA, at the state level.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01453

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 11:31:33 PM)

CONFIDENTIAL ASA 01454

Last update on:12/1/2009 8:04:34 PM

Potential Conflict-of-Interest Form

Membership # 249654, Year 2010

Donald E. Martin, M.D.
Penn State Univ. College of Medicine
19 Gentry Drive
Palmyra, PA 17078

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 12/1/2009 8:04:34 PM

Committee on Standards and Practice Parameters

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01455

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Employee of Penn State Universitiy college of Medicine and Milton S. Hershey Medical Center - Standing tenured appointment Director of the Pennsylvania Society of Anesthesiologists - volunteer

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology and Associate Dean for Administration, Penn State University College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   American and Pennsylvania Societies of Anesthesiologists, ennsylvania Medical Society, Penn State University

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01456

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:12/1/2009 8:04:34 PM)

CONFIDENTIAL ASA 01457

Last update on:5/15/2009 6:39:42 PM

Potential Conflict-of-Interest Form

Membership # 491536, Year 2010

Erin A. Sullivan, M.D.
University of Pittsburgh
200 Lothrop St
Department of Anesthesiology PUH C-224
Pittsburgh, PA 15213-2536

Committee on Scientific and Educational Exhibits

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/15/2009 6:39:42 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01458

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01459

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/15/2009 6:39:42 PM)

CONFIDENTIAL ASA 01460

Last update on:8/24/2009 2:11:37 PM

Potential Conflict-of-Interest Form

Membership # 586585, Year 2010

Andres Melendez-Dedos, M.D.
P.O. Box 367228
San Juan, PR 00936-7228

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 8/24/2009 2:11:38 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01461

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   I am the sole owner of an Ambualtory Surgical Center in which I practice pain management ...

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Pricara speaker program Wyeth speaker program

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

CONFIDENTIAL ASA 01462

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:8/24/2009 2:11:37 PM)

CONFIDENTIAL ASA 01463

Last update on:7/8/2009 8:56:55 AM

Potential Conflict-of-Interest Form

Membership # 620912, Year 2010

Deborah Cahill, M.D.
Rhode Island Hospital
60 Plantation Ln.
Saunderstown, RI 02874-2742

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/8/2009 8:56:56 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01464

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   associate professor of Surgery/Anesthesia at Warren Alpert Medical School of Brown University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01465

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/8/2009 8:56:55 AM)

CONFIDENTIAL ASA 01466

Last update on:6/28/2009 11:01:41 AM

Potential Conflict-of-Interest Form

Membership # 358718, Year 2010

Christopher A. Yeakel, M.D.
206 Beaver Lake Dr.
Elgin, SC 29045

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/28/2009 11:01:41 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01467

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Anesthesiology Consultants of Columbia, South Carolina (private anesthesiology group practice)

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Vice-President of the Columbia Medical Society, Columbia, South Carolina

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Will become President-Elect of the Columbia Medical Society in 2010

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01468

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/28/2009 11:01:41 AM)

CONFIDENTIAL ASA 01469

Last update on:6/26/2009 12:36:15 PM

Potential Conflict-of-Interest Form

Membership # 828576, Year 2010

Robert R Morgan, Jr., M.D.
Greenville Anesthesiology, P.A.
1007 Grove Rd # B
Greenville, SC 29605-4630

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 12:36:15 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01470

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Creativasc, LLC. Start-up company based in Greenville, SC that is has begun human clinical trials of a novel dialysis graft device.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Greenville County Medical Society. Treasurer.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01471

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 12:36:15 PM)

CONFIDENTIAL ASA 01472

Last update on:6/27/2009 11:07:19 AM

Potential Conflict-of-Interest Form

Membership # 395485, Year 2010

Robert G. Allen, Jr., M.D.
4454 West Glen Pl.
Rapid City, SD 57702-6852

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/27/2009 11:07:19 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01473

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   I have a practice in Aerospace Medicine. I am an FAA designated Aviation Medical Examiner and do flight physicals for pilots.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I am the Vice President Medical Affairs of Rapid City Regional Hospital, Rapid City, SD.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01474

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/27/2009 11:07:19 AM)

CONFIDENTIAL ASA 01475

Last update on:7/7/2009 8:37:49 AM

Potential Conflict-of-Interest Form

Membership # 495140, Year 2010

Robert J. Lunn, M.D.
Anesthesia Physicians
200 E. 10th Street
Sioux Falls, SD 57117

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/7/2009 8:37:50 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01476

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   i am a private practice anesthesiologist.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01477

activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

voting, political contributions

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/7/2009 8:37:49 AM)

CONFIDENTIAL ASA 01478

Last update on:7/1/2009 4:49:12 PM

Potential Conflict-of-Interest Form

Membership # 353022, Year 2010

W. Bradley Worthington, M.D.
Center for Spinal Surgery
202 Deer Park Drive
Nashville, TN 37205-2811

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 4:49:13 PM

Disclosure of Affiliations

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01479

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Gradient Medical Senior Medical Advisor Less than 5% shareholder Neurosurgical Anesthesiologists PLC partner and President

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Gradient Medical Neurosurgical Anesthesiologists PLC-President

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Demeter Systems Committee Member

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Formerly Assoc Clinical Prefessor Anesthesiology and Neurology Vanderbilt University Medical Center I probably will be reappointed

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Gradient Medical Continuing Medical Education Training videos/website production Howell-Allen Clinic Center for Spinal Surgery-a Neurosurgical Specialty Hospital

CONFIDENTIAL ASA 01480

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   Yes

   If "Yes", Please describe your political activities:

   Tennessee Society of Anesthesiology PAC ASAPAC

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 4:49:12 PM)

CONFIDENTIAL ASA 01481

Last update on:5/16/2009 10:52:01 AM

Potential Conflict-of-Interest Form

Membership # 539177, Year 2010

James M. West, M.D.
5229 Cosgrove Cv.
Memphis, TN 38117-4542

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/16/2009 10:52:01 AM

Committee on Scientific Affairs

Disclosure of Affiliations

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01482

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   I own less than a one per cent interest in 3 surgery centers

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Asst. Professor of Anesthesiology, University of Tennessee Health Science Center Asst. Clinical Professor of Human Values and Ethics, University of Tennessee Health Science Center

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01483

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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(signed on:5/16/2009 10:52:01 AM)

CONFIDENTIAL ASA 01484

Last update on:6/5/2009 10:19:24 AM

Potential Conflict-of-Interest Form

Membership # 319330, Year 2010

Mary Dale Peterson, M.D.
Driscoll Found. Childrens Hospital
210 Naples St.
Corpus Christi, TX 78404

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/5/2009 10:19:24 AM

Committee on Physician Resources

Disclosure of Affiliations

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   My husband, Rafael Coutin, MD, is a shareholder in his private practice, Cardiology Associates.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Delegate- Texas Medical Association (TMA) Alternate Delegate- AMA Member, Socioeconomics Committee of TMA Member, Ad Hoc Committee on Medicaid and uninsured (TMA) Board Member, Nueces County Medical Society (NCMS) Chair, Communications Committee, NCMS Member, American Academy of Pediatrics President, Driscoll Children's Health Plan Vice President, Driscoll Children's Health System Board member, Texas Society of Anesthesiologists (TSA) Member, Economics Committee (TSA) Chair, Distinguished Service Award (TSA)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Clinical ASsociate Professor, UTMB

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

CONFIDENTIAL ASA 01486

Will participate in legislative advocacy with the TMA and local medical society.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

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Statement of Compliance

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(signed on:6/5/2009 10:19:24 AM)

CONFIDENTIAL ASA 01487

Last update on:11/11/2009 8:06:02 AM

Potential Conflict-of-Interest Form

Membership # 347198, Year 2010

Scott E. Kercheville, M.D.
UTHSCSA
Mail Code 7838
7703 Floyd Curl Drive
San Antonio, TX 78229-3900

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/11/2009 8:06:02 AM

Committee on Quality Management & Departmental Administration

Disclosure of Affiliations

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a position as proprietor, director, managing partner or key employee.

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CONFIDENTIAL ASA 01488

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Texas Society of Anesthesiologists, BOD Board Member, South Texas Physician Outreach (Non-profit Missionary Grp to Honduras)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   UTHSCSA, School of Medicine, Asst. Prof.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Lobbying for the TSA & ASA only.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01489

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/11/2009 8:06:02 AM)

CONFIDENTIAL ASA 01490

Last update on:5/18/2009 7:17:17 AM

Potential Conflict-of-Interest Form

Membership # 229555, Year 2010

Joel H. Mumford, M.D.
VA Medical Center
221 Elm Hill Rd.
Springfield, VT 05156

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/18/2009 7:17:17 AM

Committee on Governmental Affairs

Disclosure of Affiliations

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Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01491

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Dartmouth Medical School, Assistant professor of Anesthesiology Term continues for as long as employed in current status at VA Medical Center, White River Junction, VT

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01492

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/18/2009 7:17:17 AM)

CONFIDENTIAL ASA 01493

Last update on:6/27/2009 9:07:24 PM

Potential Conflict-of-Interest Form

Membership # 296246, Year 2010

Paul N. Clayton, M.D.
Alta View Hospital
#2 Old Oak Ln.
Sandy, UT 84092-4903

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/27/2009 9:07:25 PM

Disclosure of Affiliations

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01494

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Chair, Medical Records Committee, Alta View Hospital, Sandy, Utah Member, Urban Central Region Bylaws Committee, Intermountain Healthcare, Salt Lake City, Utah Member, Billing and Compliance Committee, Mountain West Anesthesia LLC, Lehi, Utah

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Member, Board of Directors, Freedoms Foundation at Valley Forge, Utah Chapter Managing Member, Clayton Family Ltd., Sandy, Utah Managing Member, John Clayton Ltd., Sandy, Utah Managing Member, Old Oak LLC, Sandy Utah Managing Member, Naylor Farm LLC, Sandy, Utah

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

CONFIDENTIAL ASA 01495

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/27/2009 9:07:24 PM)

CONFIDENTIAL ASA 01496

Last update on:7/7/2009 3:11:23 PM

Potential Conflict-of-Interest Form

Membership # 326609, Year 2010

W. C. Peterson, M.D.
Pediatric Anesthesiologists
1954 E. Fort Union Blvd., #111
Salt Lake City, UT 84121

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/7/2009 3:11:23 PM

Disclosure of Affiliations

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01497

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Secretary, Utah Medical Association 2009- (non compensated)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Adjunct Assistant Professor of Anesthesiology, University of Utah Medical Center (ongoing unpaid faculty appointment)

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01498

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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(signed on:7/7/2009 3:11:23 PM)

CONFIDENTIAL ASA 01499

Last update on:6/28/2009 9:43:05 AM

Potential Conflict-of-Interest Form

Membership # 215299, Year 2010

Frederick M. Perkins, M.D.
VAMC &ROC, #112
215 N. Main St.
White River Junction, VT 05009

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/28/2009 9:43:05 AM

Disclosure of Affiliations

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01500

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Dartmouth Medical School, Associate Professor of Anesthesiology, 2000 - present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01501

activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

I contribute to ASPAC

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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Statement of Compliance

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(signed on:6/28/2009 9:43:05 AM)

CONFIDENTIAL ASA 01502

Last update on:7/1/2009 1:49:46 PM

Potential Conflict-of-Interest Form

Membership # 505481, Year 2010

Stephen P. Long, M.D.
Commonwealth Pain Specialists, LLC
1501 Maple Ave Ste 301
Richmond, VA 23226-2553

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 1:49:46 PM

Committee on Finance

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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No

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2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01504

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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Statement of Compliance

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 1:49:46 PM)

CONFIDENTIAL ASA 01505

Last update on:7/1/2009 4:29:59 PM

Potential Conflict-of-Interest Form

Membership # 277285, Year 2010

Granville B. Work, M.D.
3749 Lynnfield Dr.
Virginia Beach, VA 23452

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 4:30:00 PM

Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01506

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Atlantic Anesthesia. A private group practice of 34 anesthesiologists in southeast Virginia. I am a stockholder in this practice. I have been with this practice for 28 years.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   I am president of Atlantic Anesthesia. A private group practice of 34 anesthesiologists in southeast Virginia.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   I advocate for the ASA, the Virginia Society of Anesthesiologista and for the Medical Society of Virginia.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01507

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 4:29:59 PM)

CONFIDENTIAL ASA 01508

Last update on:7/7/2009 11:16:32 PM

Potential Conflict-of-Interest Form

Membership # 291129, Year 2010

Peter J. Dunbar, M.D.
University of Washington
PO Box 356540
1959 Pacific St.
Seattle, WA 98195-6540

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/7/2009 11:16:32 PM

Committee on Quality Management & Departmental Administration

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01509

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Talaria Inc I founded , chair the board and consult . Talaria undertakes research and development In eLearning and wireless internet messaging application.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Director One Health Port - a for profit business for health care security and common web portal for health plans Talaria Inc I founded , chair the board and consult . Talaria undertakes redearch and development In eLearning and wireless internet messaging application

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   School of Medicine--Dept of Anesthesiology--associate professor School of Public Health--Dept of Health Services--Adjunct associate professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

CONFIDENTIAL ASA 01510

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    Yes

    If "Yes", Please describe each relationship, activity or interest:

    Talaria Inc I founded , chair the board and consult . Talaria undertakes redearch and development In eLearning and wireless internet messaging application. Talaria has devloped a product called My Pain Profile that may become more visible to ASA over the next year but to the best of my knowledge they do not plan to sell it to the ASA

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/7/2009 11:16:32 PM)

CONFIDENTIAL ASA 01511

Last update on:6/26/2009 11:20:25 AM

Potential Conflict-of-Interest Form

Membership # 299641, Year 2010

Mark F. Flanery, M.D.
32721 111th Pl SE
Auburn, WA 98092-4739

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 6/26/2009 11:20:26 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01512

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Auburn Anesthesia Associates, Inc. PS Mark F Flanery MD PC

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Trustee to Washington State Medical Society (WSMA)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASA WSMA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01513

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:6/26/2009 11:20:25 AM)

CONFIDENTIAL ASA 01514

Last update on:7/1/2009 9:36:46 PM

Potential Conflict-of-Interest Form

Membership # 404531, Year 2010

Paul A. Skaff, M.D.
28 Norwood Rd.
Charleston, WV 25314

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/1/2009 9:36:47 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01515

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   West Virginia University Adjunct Faculty Dept. of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01516

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/1/2009 9:36:46 PM)

CONFIDENTIAL ASA 01517

Last update on:11/29/2009 6:17:09 AM

Potential Conflict-of-Interest Form

Membership # 199997, Year 2010

David F. Graf, M.D.
Univ. of West Virginia Med. School
PO Box 8255
Morgantown, WV 26506-8255

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/29/2009 6:17:09 AM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01518

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Tenured Associate Professor of Anesthesiology University of West Virginia

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01519

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/29/2009 6:17:09 AM)

CONFIDENTIAL ASA 01520

Last update on:7/7/2009 4:43:12 PM

Potential Conflict-of-Interest Form

Membership # 324057, Year 2010

Robert E. Kettler, M.D.
Department of Anes. FEC
9200 W. Wisconsin Ave.
Milwaukee, WI 53226-3596

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/7/2009 4:43:13 PM

Committee on Professional Liability

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01521

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Associate Professor of Anesthesiology Medical College of Wisconsin Milwaukee WI

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   Wisconsin Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01522

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/7/2009 4:43:12 PM)

CONFIDENTIAL ASA 01523

Potential Conflict-of-Interest Form

Membership # 556904, Year 2010

James R. Mesrobian, M.D.
Summit Anesthesiology
827 E. Birch Avenue
Milwaukee, WI 53217

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/22/2009 6:31:24 PM

Committee on Practice Management

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01524

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   President-Wisconsin Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   On behalf of ASA and WSA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01525

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/22/2009 6:31:23 PM)

CONFIDENTIAL ASA 01526

Last update on:5/16/2009 3:17:55 PM

Potential Conflict-of-Interest Form

Membership # 333353, Year 2010

Steven J. Barker, Ph.D., M.D.
University of Arizona
Anesthesiology Department
PO Box 245114
Tucson, AZ 85724-5114

Committee on Economics

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 5/16/2009 3:17:56 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

CONFIDENTIAL ASA 01527

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

   No

   If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Masimo Inc. -- manufacturer of pulse oximeters.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Masimo Inc. -- member, Board of Directors

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor of Anesthesiology, University of Arizona College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01528

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:5/16/2009 3:17:55 PM)

CONFIDENTIAL ASA 01529

Last update on:7/5/2009 5:35:31 PM

Potential Conflict-of-Interest Form

Membership # 379525, Year 2010

Todd M. Witzeling, M.D.
1044 S. Wolcott
Casper, WY 82601

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/5/2009 5:35:32 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01530

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Casper Surgery Center, outpatient facility, Casper, WY, investor 20 shares(4%)

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   Self: Blue Cross Blue Shield of Wyoming, Board Member, term 2012 Brother in law: William Hamik, Vice President, McKesson Corp.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01531

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/5/2009 5:35:31 PM)

CONFIDENTIAL ASA 01532

Last update on:10/14/2009 8:18:10 AM

Potential Conflict-of-Interest Form

Membership # 311033, Year 2010

Kevin K. Tremper, M.D., Ph.D.
Univ of MI Hosp
1500 E. Medical Center Dr., Rm 1H247
Ann Arbor, MI 48109-0048

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 10/14/2009 8:18:10 AM

Subcommittee on Equipment, Monitoring and Engineering Technology

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01533

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   We are the development site for the GE AIMS . We have been at the U of M for 8 years. They have supproted research in the dept .

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Professor and Chair of Anesthesiology at the U of Michigan

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01534

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    Yes

    If "Yes", Please describe each relationship, activity or interest:

    We at the University of Michigan Dept of Anesthesiology have been the development site for the GE Centricity AIMS . I have been involved in the developement and as a development partner we (the University, the Medical School ,the Depratment and the faculty "inventors")may recieve royalties for some software configeration in the future. I the past GE has supported research activities.

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:10/14/2009 8:18:10 AM)

CONFIDENTIAL ASA 01535

Last update on:11/6/2009 2:31:09 PM

Potential Conflict-of-Interest Form

Membership # 865200, Year 2010

Zachariah W. Chambers
9201 Whitemont Dr
Richmond, VA 23294-5726

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 11/6/2009 2:31:09 PM

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

CONFIDENTIAL ASA 01536

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   ASAPAC-Annual Legislation Day

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

CONFIDENTIAL ASA 01537

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:11/6/2009 2:31:09 PM)

CONFIDENTIAL ASA 01538

December 15, 2009

COI Submissions | Non Member Invitations | Staff Management | Add Staff Member | Blank COI Form | Email Blank COI Form | Reports | Change COI Year | Log Out

COI - ADMIN

Year:	Committee:	First Name:	Last Name:	
All	All	farooq	khan	Filter

CONFLICT OF INTEREST (COI) SUBMISSIONS

First Name	Last Name	Committee(s)	Submitted Date	Copyright Agreement Submitted	
Farooq	Khan	Committee on Residents and Medical Students	7/9/2009 10:45:06 PM	X 7/9/2009 10:45:06 PM	EDIT PRINT

If you have questions regarding your ASA membership, please contact ASA at **members_assist@asahq.org**.

If you have questions or experience problems with the Members Only section of our Web site, please contact Anita Abbatacola at **a.abbatacola@asahq.org**

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Potential Conflict-of-Interest Form

Membership # 875165, Year 2010

Rush University Medical Center
1418 W Harrison St Apt 2B
Chicago, IL 60607-3249

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/9/2009 10:45:06 PM

Committee on Residents and Medical Students

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01540

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   Yes

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

   Father - Owner of Baluchi Medical Group; an Internal Medicine private practice in Oak Park, IL.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   Yes

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

   ASRA - member at large ASA-PAC - resident member ISA - Immediate Past President of Resident Component, dlegate

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   No

   If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   Yes

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

   I plan to lobby residents to join ASA-PAC as president of the ASA Resident Component.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

CONFIDENTIAL ASA 01541

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/9/2009 10:45:06 PM)

CONFIDENTIAL ASA 01542

Potential Conflict-of-Interest Form

Membership # 809908, Year 2010

Corry J. Kucik, M.D.
Massachusetts General Hospital
1137 N Central Ave Apt 1528
Glendale, CA 91202-3683

BOARD & COMMITTEE CONTRIBUTION AGREEMENT
Signed On: 7/5/2009 6:56:56 PM

Committee on Trauma and Emergency Preparedness

Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

CONFIDENTIAL ASA 01543

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

   No

   If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

   No

   If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

   No

   If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

   Yes

   If "Yes", Please list the name of each institution, position held and term of appointment:

   Assistant Professor of Anesthesiology, Uniformed Services University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

   No

   If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

   No

   If "Yes", Please list each political office:

CONFIDENTIAL ASA 01544

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

   No

   If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

    No

    If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

    No

    If "Yes", Please describe each relationship, activity or interest:

Statement of Compliance

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

(signed on:7/5/2009 6:56:56 PM)

CONFIDENTIAL ASA 01545

CHART

The Committee seeks a chart detailing an accounting of industry funding that pharmaceutical, medical device companies, foundations established by these companies or the insurance industry have provided to ASA from January 2006 to the present.

Industry Funding to ASA 2006-2009 Detailed Report

Year	Company Name	Amount	Funding Description
2006	21ST CENTURY MILLENNNIA	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	A.M. BICKFORD	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ABBOTT	$47,350.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ABBOTT POINT OF CARE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ACE MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ACUITY CARE TECHNOLOGY	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ADVANCED BIONICS CORP.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ADVANCED INFUSION, INC	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ADVANCED NEUROMODULATION SYSTEMS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ADVANCED SIMULATION CORP	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ALI MED, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ALLIANCE RECRUITING RESOURCES, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ALOKA ULTRASOUND	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ALPHARMA PHARMACEUTICALS	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	AMBU, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	AMERICAN EAGLE MEDICAL, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ANALOGIC COPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ANECARE LABORATORIES, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ANESTHESIA ASSOCIATES, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ARC MEDICAL, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ARCADIA MEDICAL CORPORATION	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ARIZANT HEALTHCARE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ARMSTRONG MEDICAL INDUSTRIES	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ARROW INTERNATIONAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ARTROMICK INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ASPECT MEDICAL SYSTEMS	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	AUGUSTINE BIOMEDICAL	$9,450.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	AXIOM WORLDWIDE	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	AXON SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	B. BRAUN MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BARD ACCESS SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BAXTER HEALTHCARE	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BAYER HEALTHCARE	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BD	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BEDFORD LABORATORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BELMONT INSTRUMENT CORP.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BIOSENSORS INTERNATIONAL	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BLACKWELL PUBLISHING	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BLUE BELL BIOMEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BOMIMED INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	BOSTON SCIENTIFIC	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	C & C INTERNATIONAL IMPORTS, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CADACEUX, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CARDINAL HEALTH	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CARDINAL HEALTH	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	CARDINAL MEDICAL SPECIALTIES, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CARDIOPULMONARY CORP.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CARDIOTRONIC, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	C-ARMS INTERNATIONAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CENTRAC DC	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CEPHALON, INC.	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CEPHALON, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CERNER CORP.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CERNER CORP.	$5,500.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2006	CINCINNATI SUB ZERO	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CLARUS MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CLARUS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	COMPHEALTH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	COMPREHENSIVE MEDICAL MANGEMENT	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	COOK CRITICAL CARE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2006	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	COSMAN MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CURLIN MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	CUSTOM COMPOUNDING CENTERS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DANMETER	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DATASCOPE CORP.	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DAXOR CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DIAGNOSTICA STAGO / BIODIS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DOCS (ACME EXPRESS, INC.)	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DOCTORS WITHOUT BORDERS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DOCUSYS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DRAEGER MEDICAL	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DUPACO	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	DYNATHERM MEDICAL, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	EDWARDS LIFESCIENCES	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	EKO SYSTEMS, INC.	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ELAN PHARMACEUTICALS, INC.	$9,450.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ELCAM MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ENDO PHARMACEUTICALS	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ENDO PHARMACEUTICALS	$10,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2006	ENGINEERED MEDICAL SYSTEMS, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ENGINIVITY LLC	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ENTHERMICS MEDICAL SYSTEMS	$9,350.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	EPIMED INTERNATIONAL, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	EPIMED INTERNATIONAL, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	EVEREST BIOMEDICAL INSTRUMENTS COMPANY	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	FLEXICARE INC.	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	FOLIAGE SOFTWARE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	FUKUDA DENSHI	$10,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	FUTUREMED AMERICA INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GAS MAN MED MAN SIMULATIONS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GAYMAR INDUSTRIES	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GCS CORPORATION	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	GE HEALTHCARE	$78,850.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GE OEC	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	GLAXO SMITH KLINE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GLIDESCOPE	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GOLDWAY, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	GYRUS ACMI	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	H & H SYSTEM, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HAEMOSCOPE CORPORATION	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HAVEL'S INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HBL ANESTHESIA SERVICES	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HEALTH TRONICS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HEINE	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HELENA LABORATORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HILBRO	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HOSPIRA	$31,600.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HRA RESEARCH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	HYTAPE INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ICU MEDICAL INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	I-FLOW CORPORATION	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2006	IMD SOFT	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	IMD SOFT	$15,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2006	INDIAN HEALTH SERVICE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INDIGO ORB, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INDITHERM	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INFORMA HEALTHCARE	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INSTRUMED	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INSTRUMENTATION INDUSTRIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INTEGRA SPINAL SPECIALTIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INTERNATIONAL ANESTHESIA RESEARCH SOCIETY	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INTERNATIONAL MEDICAL DEVELOPMENT	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INVIRO MEDICAL	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	INVIVO	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ION HEALTHCARE	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	JOHN GALT SYSTEMS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	KARL STORZ ENDOSCOPY	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	KARL STORZ ENDOSCOPY	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	KENDALL AND DAVIS/LINDE HEALTHCARE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	KIMBERLY-CLARK CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	KING SYSTEMS CORPORATION	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	KING SYSTEMS CORPORATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	LARSEN & TOUBRO	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LEGEND MEDICAL DEVICES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LIDCO LTD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LIEBERMAN RESEARCH WORLDWIDE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LIFE-TECH, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LIONVILLE SYSTEMS, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LMA	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	LMA NORTH AMERICA	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LUMINETX	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LUNA INNOVATIONS INCORPORATED	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	LUTHERAN HEALTH NETWORK	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MAINLINE MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MAQUET, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MARKET RESEARCH (BD)	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MASIMO	$63,100.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MASIMO	$10,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2006	MEDICAL DOCTOR ASSOCIATES	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MEDLINE INDUSTRIES	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MEDLINK	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MEDRAD, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MEDTRONIC, INC.	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MEDWAVE, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MERCK HUMAN HEALTH	$28,450.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MERCURY MEDICAL	$12,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MERLYN MEDICAL	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MHAUS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MICRO TOUCH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MINDRAY	$9,350.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MINISTRY HEALTH CARE	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MINRAD INTERNATIONAL	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MIPM MAMMENDORFER	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MODERN METALS INDUSTRIES	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MT MONITOR TECHNIK	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MYCO MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	MYELOTEC, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	NATIONAL MEDICAL PRODUCTS, INC.	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	NATIONWIDE ANESTHESIA SERVICES	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	NELLCOR PURITAN BENNETT/TYCO HEALTHCARE	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	NEURO DX ASSOCIATES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	NIHON KOHDEN AMERICA	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	NOVAMED	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	NOVO NORDISK	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2006	O.R. COMFORT, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	OAK MOUNTAIN TECHNOLOGIES, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	OLYMPUS SURGICAL AMERICA	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	OLYMPUS SURGICAL AMERICA	$1,700.00	CONFERENCE ON PRACTICE MANAGEMENT EXHIBITORS & RENTAL
2006	OMEGA CRITICAL CARE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	OMNICELL	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ORGANON USA, INC.	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ORIDION MEDICAL	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ORTHO MCNEIL	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PAJUNK MEDICAL SYSTEMS	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PALL MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PARAGON SERVICE	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PARKER MEDICAL, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PDA VERTICALS/PDA MD	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PDL BIOPHARMA, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PENLON LTD	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PENTAX CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PFIZER	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PFIZER	$9,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2006	PHARMACY CREATIONS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PHARMEDIUM SERVICES	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PHILIPS	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	PICIS	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PRO RESEARCH (BD)	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PROMPTE	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PROPPER MANUFACTURING	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	PROPPER MANUFACTURING	$1,700.00	CONFERENCE ON PRACTICE MANAGEMENT EXHIBITORS & RENTAL
2006	PULSION MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	QUEST MEDICAL	$6,200.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	RADLYN LLC	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	REN-LOR MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	RES MED	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	RESPIRONICS	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ROCHE	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ROCHE	$1,700.00	CONFERENCE ON PRACTICE MANAGEMENT EXHIBITORS & RENTAL
2006	RX ELITE	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SAFER SLEEP	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SALMON MEDICAL INNOVATIONS, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SALTER LABS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SEQUEL SYSTEMS, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SHAMROCK SCIENTIFIC SPECIALTY SERVICES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SHARN ANESTHESIA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SIENCO INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SIGMA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SIMULAB	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SMITHS MEDICAL	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SOCIETY OF CRITICAL CARE ANESTHESIA	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SOMANETICS CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SOMNIA INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SONOSITE	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL

2006	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	SPACELABS HEALTHCARE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SPECTRUM HEALTHCARE RESOURCES	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ST. JUDE MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	STEP FORWARD COMPANY	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	STRYKER	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SUNMED	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SUPACAM	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	SUPERTECH, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TEAM HEALTH ANESTHESIA MANAGEMENT	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TELEFLEX MEDICAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TELEFLEX RUSCH	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	TENSYS MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TERA RECON, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TIANJIN MEDIS INT'L TRADE CO.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TIME MED LABELING SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TR-ANIM	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TRU-CORP LTD	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	TSI INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	USCOM, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	V & F INSTRUMENTS, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	VANTAGE MED	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	VASOCAM, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	VBM MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	VITAID	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	VITAL SIGNS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	WESTMED	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	WOLFE TORY MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	YM BIOSCIENCES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ZEFON INTERNATIONAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2006	ZOLL MEDICAL CORPORATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2006	ZONARE MEDICAL SYSTEMS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ABBOTT	$28,450.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ACCUMETRICS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ACUITY CARE TECHNOLOGY	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ADOLOR/GSK	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ADVANCED BIONICS CORP.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ADVANCED BRAIN MONITORING	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ADVANCED NEUROMODULATION SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	AI MEDICAL DEVICES, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ALOKA ULTRASOUND	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ALPHARMA PHARMACEUTICALS	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	AMBU, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	AMERICAN HEALTHCARE PRODUCTS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	AMERIDOSE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	AMSOL, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ANECARE LABORATORIES, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ANESTHESIA ASSOCIATES, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ANESTHESIA LABELS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ANESTHESIA MEDICAL SPECIALTIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	APOLLO MD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ARC MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ARIZANT HEALTHCARE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ARMSTRONG MEDICAL INDUSTRIES	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ARROW INTERNATIONAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ARTROMICK INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ASPECT MEDICAL SYSTEMS	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ATRION MEDICAL PRODUCTS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2007	AUGUSTINE BIOMEDICAL	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	AXIOM WORLDWIDE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	AXON SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	B. BRAUN MEDICAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BARD MEDICAL	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BARKEY GMBH & CO.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BAXTER HEALTHCARE	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BAXTER HEALTHCARE	$5,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	BAY AREA ANESTHESIA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BAY CORPORATION	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BAYER HEALTHCARE	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BD	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BEDFORD LABORATORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BELMONT INSTRUMENT CORP.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BICKFORD, A.M.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BIOSOUND ESAOTE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BOMIMED INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	BOSTON SCIENTIFIC	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	C & C INTERNATIONAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	C ARMS INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CADUCEUX	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CADWELL LABORATORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CARDINAL HEALTH	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CARDINAL HEALTH	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	CARDIOTRONIC, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CAS MEDICAL SYSTEMS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CEPHALON, INC.	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CEPHALON, INC.	$9,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	CERNER CORP.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CINCINNATI SUB ZERO	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CLARUS MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CLARUS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COMPHEALTH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CONCEPT MEDICAL, LLC	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CONMED CORPORATION	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COOK MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	COSMAN MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	COVIDIEN	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COVIDIEN	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	COVIDIEN (FORMERLY NELLCOR PURITAN BENNETT)	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CURLIN MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	CUSTOM COMPOUNDING CENTERS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	DANMETER	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	DATASCOPE CORP.	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	DATASCOPE CORP.	$55,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	DAXOR CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	DOCUSYS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	DRAEGER MEDICAL	$41,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	DRAEGER MEDICAL	$20,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	DUPACO	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	DYNATHERM MEDICAL, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	EDWARDS LIFESCIENCES	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	EKO SYSTEMS, INC.	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	EKR THERAPEUTICS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2007	ELCAM MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ENDO PHARMACEUTICALS	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ENGINEERED MEDICAL SYSTEMS, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ENTHERMICS MEDICAL SYSTEMS	$9,550.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	EPIMED INTERNATIONAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	EPIMED INTERNATIONAL, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	EZC MEDICAL, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	FLEXICARE INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	FRESENIUS KABI	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	FUJIIYOKI / ACIGI	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	FUTUREMED AMERICA INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GAYMAR INDUSTRIES	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GCX CORPORATION	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GE HEALTHCARE	$12,850.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GE HEALTHCARE	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	GEISINGER HEALTH SYSTEM	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GL MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GLOBAL MEDICAL STAFFING	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GLOBAL PERIOPERATIVE RESEARCH/DUKE CLINICAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	GOLDWAY, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	H & H SYSTEM, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HAEMOSCOPE CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HAPPY FEET, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HAVEL'S INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HEINE	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HELENA LABORATORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HOSPIRA	$31,600.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HRA RESEARCH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HRA RESEARCH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	HYTAPE INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	I-FLOW CORPORATION	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	IMD SOFT	$28,450.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	IMD SOFT	$10,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	IMD SOFT	$10,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	INDIGO ORB, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	INFORMA HEALTHCARE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	INSTRUMENTATION INDUSTRIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	INTEGRA SPINAL SPECIALTIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	INTERNATIONAL ANESTHESIA RESEARCH SOCIETY	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	INTERNATIONAL MEDICAL DEVELOPMENT	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	INTERSURGICAL INC.	$12,600.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	INVIRO MEDICAL DEVICES, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ION HEALTHCARE	$12,699.99	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	JACKSON & COKER	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	JOYOTHER MEDICAL CO., LTD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	JV PARK, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	KARL STORZ ENDOSCOPY	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2007	KARL STORZ ENDOSCOPY	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	KEOMED, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	KIMBERLY-CLARK CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	KIMBERLY-CLARK CORPORATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	KING SYSTEMS CORPORATION	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	KING SYSTEMS CORPORATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	KLIMAMED HG	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	KYPHON, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	LEXI-COMP	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	LIDCO LTD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	LIFESTAT	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	LIFE-TECH, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	LINDE HEALTHCARE/KENDALL & DAVIS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	LIONVILLE SYSTEMS, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	LMA	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	LMA NORTH AMERICA	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MAINLINE MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MASIMO	$63,100.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MASIMO	$20,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	MED MAN SIMULATIONS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MEDLINE INDUSTRIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MEDRAD, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MEDSTAR (FORMERLY U.S. JACLEAN)	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MED-STORM INNOVATION	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MEDTRONIC, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MERCK & CO., INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MERCURY MEDICAL	$12,800.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MERLYN MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MEXYS SA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MGI PHARMA, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MHAUS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MICROVISION MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MINDRAY	$9,550.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MINRAD INTERNATIONAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MIPM MAMMENDORFER	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MMI MEDCARTS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	MYELOTEC, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	NEOTERIC TECHNOLOGY LTD	$9,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	NEUROTHERM, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	NIGHTINGALE (FORMERLY VANTAGE MED)	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	NIHON KOHDEN AMERICA	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	NOVAMED	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	NUMASK, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	OCEANIC MEDICAL PRODUCTS, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	OHMEDA-GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	OLYMPUS SURGICAL AMERICA	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	OMEGA CRITICAL CARE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	OMNICELL	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ORGANON USA, INC.	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ORIDION MEDICAL	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PAJUNK MEDICAL SYSTEMS	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PALL MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PARKER MEDICAL, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PATIENT SHIELD CONCEPTS, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PDL BIOPHARMA, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PENLON LTD	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2007	PENTAX CORPORATION	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PFIZER	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PHARMACEUTICAL SYSTEMS, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PHARMEDIUM SERVICES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PHILIPS	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PHILIPS	$5,500.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	PHILIPS ULTRASOUND	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	PICIS	$28,450.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PRI-CARA, UNIT OF ORTHO MCNEIL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PROGENICS PHARMACEUTICALS, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PROMPTE	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PROPPER MANUFACTURING	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	PULSION MEDICAL	$5,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	QUEST MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	RADLYN LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	REN-LOR MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	RES MED	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	RESPIRONICS	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	RX ELITE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	S & S MEDCART	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SAFER SLEEP	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SALTER LABS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SAUDI ARAMCO	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SCHILLER AMERICA	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SENTEC - BY MASTER DISTRIBUTOR	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SHAMROCK SCIENTIFIC SPECIALTY SERVICES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SHARN ANESTHESIA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SIEMENS	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	TEE WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SIENCO, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SIMULAB CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SMITHS MEDICAL	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SOMANETICS CORPORATION	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SOMNIA INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SONOSITE	$47,350.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	SORENSON MEDICAL PRODUCTS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SOURCE MARK, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SPACELABS HEALTHCARE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ST. JUDE MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	STAGO	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	STEP FORWARD COMPANY	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	STRYKER	$31,600.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	STRYKER	$15,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2007	SUNMED, DIVISION OF AZIMUTH CORP.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	SUPACAM	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2007	SUPERTECH, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TELEFLEX MEDICAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TENSYS MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	THE MEDICINES COMPANY	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	THERMO TX/COSMO HEALTH	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TIANJIN MEDIS INT'L TRADE CO.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TIME MED LABELING SYSTEMS, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TREYMED, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TRI-ANIM	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TRIMER MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	TRU-CORP LTD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ULTRASCOPE	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ULTRASONIX MEDICAL CORP	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	UNALYSIS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	USCOM, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	V & F INSTRUMENTS, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	VASOCOM, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	VBM MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	VERATHON MEDICAL	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	VERATHON MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	VITAID	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2007	VITAL SIGNS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	WESTMED	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	WOLFE TORY MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	WWW.NADACHAIR.COM	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	YM BIOSCIENCES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ZEFON INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2007	ZONARE MEDICAL SYSTEMS	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	A.M. BICKFORD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ABBOTT	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ABCO-SUMMIT HMR/PMG/MedSuite/PBA	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	ACIGI RELAXATION/FUJIYAKI	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ACUITEC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ADOLOR/GSK	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ADOLOR/GSK	$9,450.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	ADVANCED NEUROMODULATION SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	AI MEDICAL DEVICES, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	AIRCRAFT MEDICAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	AIRTRAQ, LLC	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ALLEN MEDICAL SYSTEMS	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ALPHARMA PHARMACEUTICALS	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ALSIUS CORPORATION	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	AMBU, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	AMICO ACCESSORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ANECARE, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ANESTHESIA ASSOCIATES, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ANESTHESIA MEDICAL SPECIALTIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ANESTHESIA SAFETY PRODUCTS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ANESTHETIX MANAGEMENT, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ANEW INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ANTHEM ASSOCIATES, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	APOLLO MD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	APS MEDICAL BILLING	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ARC MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ARIZANT HEALTHCARE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ARMSTRONG MEDICAL INDUSTRIES	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ARTROMICK INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ASPECT MEDICAL SYSTEMS	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ASPECT MEDICAL SYSTEMS	$9,100.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	AUGUSTINE BIOMEDICAL	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	AVANCEN LLC	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	AXIOM WORLDWIDE	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	B. BRAUN MEDICAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	B. BRAUN MEDICAL	$9,000.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION

2008	BARKEY GMBH & CO.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BAXTER HEALTHCARE	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BD	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BD (AKA THE RESEARCH COMPANY)	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BD (AKA- THE RESEARCH GROUP)	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BELMONT INSTRUMENT CORP.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BIONICHE PHARMA	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BIOSOUND ESAOTE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BIOSOUND ESAOTE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	BLUESTAR ENTERPRISES	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BOSTON SCIENTIFIC NEUROMODULATION	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	BOSTON SCIENTIFIC NEUROMODULATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	CADWELL LABORATORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CALLOWAY LABS	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CARDINAL HEALTH	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CARDINAL HEALTH	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	CARDIOTRONIC, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CAS MEDICAL SYSTEMS, INC.	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CAS MEDICAL SYSTEMS, INC.	$9,450.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	CCR MEDICAL INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CEPHALON, INC.	$28,450.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CEPHALON, INC.	$10,000.00	ANNUAL MEETING SPONSORSHIP
2008	CHEETAH MEDICAL, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CINCINNATI SUB-ZERO	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CIVCO MEDICAL SOLUTIONS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CLARUS MEDICAL	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CLARUS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	CN SYSTEMS MEDICINTECHNIK	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	COMPHEALTH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CONMED CORPORATION	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CONMED CORPORATION	$9,450.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	COOK MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	COOPER RESEARCH, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	COSMAN MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	COVIDIEN	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	COVIDIEN	$22,000.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	COVIDIEN	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	COVIDIEN	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	CPR, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CRITICARE SYSTEMS, INC.	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	CURLIN MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DATASCOPE PATIENT MONITORING	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DAXOR CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DELTEX MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DOCUSYS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DRAEGER MEDICAL	$9,100.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	DRAEGER MEDICAL	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DRAEGER MEDICAL (FOR AMER, QUANTITY SURVEY)	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DUPACO	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	DYNATHERM MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	EDWARDS LIFESCIENCES	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	EISAI INC.	$9,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2008	EISAI INC.	$20,000.00	ANNUAL MEETING SPONSORSHIP
2008	EKO SYSTEMS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	EKR THERAPEUTICS	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ELCAM MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ENDO PHARMACEUTICALS	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ENTHERMICS MEDICAL SYSTEMS	$9,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	EPIMED INTERNATIONAL, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	EPIMED INTERNATIONAL, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	ESCALON VASCULAR ACCESS	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	EXPRESS SYSTEMS AND PARTS NETWORK	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	EZC MEDICAL, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	FLEXICARE INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	FRESENIUS KABI	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	FUTURE HEALTH CONCEPTS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	FUTUREMED AMERICA INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	GAYMAR INDUSTRIES	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	GCX CORPORATION	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE HEALTHCARE	$78,850.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	GE HEALTHCARE	$9,450.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	GE HEALTHCARE	$14,000.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	GENERAL ANESTHESIA SERVICES, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	H & H SYSTEM, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HAPPY FEET, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HAVELS INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HCA HEALTHCARE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HEINE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HELENA LABORATORIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HK SURGICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HOSPIRA	$56,800.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HOSPIRA	$5,000.00	ANNUAL MEETING SPONSORSHIP
2008	HOSPIRA	$15,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	HOSPIRA	$7,500.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	HOSPIRA	$12,430.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	HRA RESEARCH	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HUTCHINSON TECHNOLOGY	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HYPNOZ THERAPEUTIC DEVICES, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	HYTAPE INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	I-FLOW CORPORATION	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	IMACOR, LLC	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	IMD SOFT	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	INDIAN HEALTH SERVICE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	INDIGO ORB, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	INSTRUMENTATION INDUSTRIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	INTEGRATED MEDICAL MANAGEMENT, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	INTERSURGICAL INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	INTERSURGICAL INC.	$5,900.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	INVENTIVE MEDICAL LTD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2008	INVIVO	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ION HEALTHCARE	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	IRADIMED CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	JACKSON & COKER	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	KARL STORZ ENDOSCOPY	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	KARL STORZ ENDOSCOPY	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	KARL STORZ ENDOSCOPY	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	KARL STORZ ENDOSCOPY	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	KIMBERLY-CLARK CORPORATION	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	KIMBERLY-CLARK CORPORATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	KING FAISAL SPECIALIST HOSPITAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	KING PHARMACEUTICALS	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	KING SYSTEMS CORPORATION	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	KING SYSTEMS CORPORATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	LEXI-COMP	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	LIDCO LTD	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	LIDCO LTD	$9,450.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	LIFE-TECH, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	LINDE HEALTHCARE/KENDALL & DAVIS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	LMA	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	LMA	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	LMA NORTH AMERICA	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MAINLINE MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MASIMO	$63,100.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MASIMO	$50,000.00	ANNUAL MEETING SPONSORSHIP
2008	MASIMO	$10,000.00	ANNUAL MEETING SPONSORSHIP
2008	MASIMO	$10,000.00	ANNUAL MEETING SPONSORSHIP
2008	MASIMO	$10,000.00	ANNUAL MEETING SPONSORSHIP
2008	MED MAN SIMULATIONS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MEDICINES COMPANY, THE	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MEDI-CORP, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MEDLINE INDUSTRIES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MEDNET AMERICA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MEDRAD, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MED-STORM INNOVATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MEDTRONIC, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MERCURY MEDICAL	$19,100.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MERCY SHIPS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MERLYN MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MEXYS SA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MHAUS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MICROVISION MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MICROVISION MEDICAL	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	MIDWEST ANESTHESIA SUPPLIES	$6,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MINDRAY	$9,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MINRAD INTERNATIONAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MIPM MAMMENDORFER	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MMI MEDCARTS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MORPHEUS MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	MPI INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	NADA CHAIR	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	NAVARO MEDICAL SOLUTIONS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	NAVARO MEDICAL SOLUTIONS	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	NEUROWAVE SYSTEMS, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	NIHON KOHDEN AMERICA	$37,900.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	NOVAMED	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	NOVO NORDISK	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	NUMASK, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	OBAMED INC. (CARDINAL MEDICAL SPCIALTIES)	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	OHMEDA-GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL

2008	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	OLYMPUS SURGICAL AMERICA	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	OMNEOTECH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ON CALL MEDICAL COATS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ORIDION MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PAJUNK MEDICAL SYSTEMS	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PAJUNK MEDICAL SYSTEMS	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	PAJUNK MEDICAL SYSTEMS	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	PAJUNK MEDICAL SYSTEMS	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	PALL MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PARAGON SERVICE	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PENLON AMERICA	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PFIZER	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PHARMEDIUM SERVICES	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	PHILIPS	$46,600.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	PICIS	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PROGRESSIVE DYNAMICS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PROPPER MANUFACTURING	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	PULSION MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	QUEST MEDICAL	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	RADLYN LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	REINHARDT MEDICAL GROUP	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	REN-LOR MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	RESPIRONICS	$6,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	RX ELITE	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SAFER SLEEP	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SALTER LABS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SCHERING PLOUGH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SCHERING PLOUGH	$20,000.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	SCHREINER MEDIPHARM	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SEDATION SYSTEMS, LLC	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SHAMROCK LABELING SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SHARN ANESTHESIA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SHIMADZU ULTRASOUND	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SIENCO, INC.	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SIM MEDICAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SIMULAB CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SMISSON-CARTLEDGE BIOMEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SMITHS MEDICAL	$50,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SMITHS MEDICAL	$10,000.00	ANNUAL MEETING SPONSORSHIP
2008	SMITHS MEDICAL	$12,350.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	SOMANETICS CORPORATION	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SOMANETICS CORPORATION	$9,100.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	SOMNIA INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SONOSITE	$47,350.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL

2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SONOSITE AND PHILIPS HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	TEE WORKSHOP VENDOR EQUIPMENT RENTAL
2008	SORENSON MEDICAL PRODUCTS	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SPACELABS HEALTHCARE	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SPINEMED-CERT HEALTH SCIENCES	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SPRIXX	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ST. JUDE MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	STRYKER	$31,600.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	STRYKER	$15,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2008	SUNGWON MEDICAL CO., LTD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SUNMED, DIVISION OF AZIMUTH	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	SUPERTECH, INC.	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TE MA NA	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TELEFLEX MEDICAL	$19,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TELEFLEX MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	TENSYS MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TENSYS MEDICAL	$12,900.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	TERASON	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TERASON-DIVISION OF TERATECH	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	TERASON-DIVISION OF TERATECH	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	THE MEDICINES COMPANY	$11,300.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	THE MEDICINES COMPANY	$7,500.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	THE NATIONAL ADVANCED DRIVING SIMULATOR	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TIANJIN MEDIS INT'L TRADE CO.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TIME MED LABELING SYSTEMS	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TREYMED, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TRI-STATE HOSPITAL SUPPLY CO.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TRU-CORP LTD	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	TRUPHATEK	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ULTRASCOPE	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	ULTRASONIX	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	ULTRASONIX	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	ULTRASONIX MEDICAL CORP	$6,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	US ARMY RECRUITING COMMAND	$7,500.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	VBM MEDICAL, INC.	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	VERATHON MEDICAL	$25,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	VERATHON MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	VIDACARE CORPORATION	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	VITAID	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	VITAID	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2008	VITAL SIGNS, INC.	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	WESTMED	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	WILBURN MEDICAL	$3,150.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	WOLFE TORY MEDICAL	$12,700.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2008	WOLFE TORY MEDICAL	$5,600.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	WOLFE TORY MEDICAL	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2008	ZEFON INTERNATIONAL	$3,250.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	A.M. BICKFORD	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2009	ABBOTT	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ACCUVEIN LLC	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ACIGI/FUJIYOKI	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ACUITEC	$7,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ACUITEC	$1,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	ADOLOR/GSK	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ADOLOR/GSK	$15,000.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	ADVANCED ANESTHESIA SOLUTIONS, INC	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ADVANCED INFUSION, INC	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ADVANTAGE MEDICAL CABLES & ELECTRONICS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AES INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AI MEDICAL DEVICES, INC.	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AIRCRAFT MEDICAL	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AIRTRAQ AND KING LT SYSTEMS	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	AIRTRAQ, LLC	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AIT LABORATORIES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AMBU, INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AMBU, INC.	$9,500.00	ANNUAL MEETING SPONSORSHIP
2009	AMBU, INC.	$1,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	AMERIDOSE	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	AMICO ACCESSORIES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ANECARE, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ANESCAN	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ANESTHESIA ASSOCIATES, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ANESTHESIACARE	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	APOLLO MD	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	APRICITY, LLC	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ARC MEDICAL, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ARIZANT HEALTHCARE	$30,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ARMSTRONG MEDICAL INDUSTRIES	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ARMSTRONG MEDICAL INDUSTRIES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ASPECT MEDICAL SYSTEMS	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ASPECT MEDICAL SYSTEMS	$9,500.00	ANNUAL MEETING SPONSORSHIP
2009	ATHORN CLARK & PARTNERS - MCKESSON	$10,430.00	NEWSLETTER ADVERTISING CONTRACTS
2009	AXIOM WORLDWIDE	$7,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	B. BRAUN MEDICAL	$30,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	B. BRAUN MEDICAL	$9,000.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	B. BRAUN MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	BALCH HILL MEDICAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BARDO AIRWAY	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	BAXTER HEALTHCARE	$45,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BAXTER HEALTHCARE	$12,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	BD	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BEIJING CHOICE ELECTRONIC TECHNOLOGY CO., LTD	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BELMONT INSTRUMENT CORP.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BIONICHE PHARMA	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BIOSOUND ESAOTE	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BIOTRONIK	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	BK MEDICAL SYSTEMS, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BLUE MOUNTAIN RESEARCH	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BLUESTAR ENTERPRISES	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BMEYE BV	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BOSTON SCIENTIFIC	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	BOSTON SCIENTIFIC NEUROMODULATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	CADENCE MEDICAL AFFAIRS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CADENCE PHARMACEUTICALS	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CADWELL LABORATORIES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CARDINAL HEALTH	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CARDIOTRONIC, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CAREFUSION	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CAREFUSION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL

2009	CAS MEDICAL SYSTEMS, INC.	$9,500.00	ANNUAL MEETING SPONSORSHIP
2009	CASMED	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CENTURION MEDICAL PRODUCTS CORP.	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CEPHALON, INC.	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CEPHALON, INC.	$34,500.00	ANNUAL MEETING SPONSORSHIP
2009	CERNER CORP.	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CHEETAH MEDICAL, INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CINCINNATI SUB-ZERO	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CIVCO MEDICAL SOLUTIONS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CIVCO MEDICAL SOLUTIONS	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	CLARUS MEDICAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CLARUS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	CODONICS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	COMPLIANCE MEDICAL SERVICES	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CONMED CORPORATION	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CONMED CORPORATION	$7,450.00	NEWSLETTER ADVERTISING CONTRACTS
2009	CONMED CORPORATION	$6,098.75	NEWSLETTER ADVERTISING CONTRACTS
2009	COOK CRITICAL CARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	COOK MEDICAL	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	COOK MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	COSMAN MEDICAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	COVIDIEN	$45,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	COVIDIEN	$44,500.00	ANNUAL MEETING SPONSORSHIP
2009	COVIDIEN	$20,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	COVIDIEN	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	COVIDIEN	$12,350.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	COVIDIEN	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	CPR, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CRITICARE SYSTEMS, INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CUBIST PHARMACEUTICALS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CUMBERLAND (CALDOLOR)	$9,100.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	CUMBERLAND PHARMACEUTICALS	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	CUSTOM COMPOUNDING CENTERS	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DANNEMILLER	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DATASCOPE CORP.	$45,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DAVINCI MED. SERVICES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DAVINCI MED. SERVICES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DAXOR CORPORATION	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DELTEX MEDICAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DIGI-TRAX CORPORATION	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DOCUSYS, INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DOCUSYS, INC.	$500.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	DOMINION DIAGNOSTICS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DRAEGER MEDICAL	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DRAEGER MEDICAL	$60,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DRAEGER MEDICAL	$9,250.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	DUPACO	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	DUPACO	$600.00	ANNUAL MEETING SPONSORSHIP
2009	DUPACO	$1,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	DUPACO	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	DYNATHERM MEDICAL, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	EDWARDS LIFESCIENCES	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	EISAI INC.	$33,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	EISAI INC.	$24,500.00	ANNUAL MEETING SPONSORSHIP
2009	ELCAM MEDICAL, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ENCOMPASS GROUP, LLC	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ENDO PHARMACEUTICALS	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ENTHERMICS MEDICAL SYSTEMS	$11,050.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	EPIMED INTERNATIONAL, INC.	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2009	EPIMED INTERNATIONAL, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	EPIMED INTERNATIONAL, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	EPSON AMERICA	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ESCALON VASCULAR ACCESS	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ETHOX INTERNATIONAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	FIRST RESPONDER EDUCATIONAL SERVICES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	FLEXICARE INC.	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	FRESENIUS KABI	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	FUKUDA DENSHI	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	FUTUREMED AMERICA INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	GASCODER.COM	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	GAYMAR INDUSTRIES	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	GCX CORPORATION	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE HEALTHCARE	$93,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	GE HEALTHCARE	$20,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	GE HEALTHCARE	$21,825.00	NEWSLETTER ADVERTISING CONTRACTS
2009	GULFSTREAM HEALTHCARE TECHNOLOGY	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	H & H SYSTEM, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HANU SURGICAL DEVICES, LLC	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HAPPY FEET, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HAVEL'S INC.	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HAVEL'S INC.		NEWSLETTER ADVERTISING CONTRACTS
2009	HEARTWORKS BY INVENTIVE MEDICAL LTD.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HEINE	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HELENA LABORATORIES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HOSPIRA	$65,800.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HOSPIRA	$56,000.00	ANNUAL MEETING SPONSORSHIP
2009	HOSPIRA	$12,430.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	HOSPIRA	$12,900.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	HOSPIRA	$22,000.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	HOT DOG INTERNATIONAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HOT DOG USA	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HRA RESEARCH	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HRA RESEARCH	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HYPNOZ THERAPEUTIC DEVICES, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	HYTAPE INTERNATIONAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	iANESTHESIA LLC	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ICU MEDICAL INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ICU MEDICAL INC.	$5,600.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	I-FLOW CORPORATION	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	IMACOR, LLC	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	IMD INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	IMD SOFT	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	INSMED INSURANCE AGENCY, INC.	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	INSTRUMENTATION INDUSTRIES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2009	INSTRUMENTATION INDUSTRIES	$6,600.00	NEWSLETTER ADVERTISING CONTRACTS
2009	INSTRUMENTATION INDUSTRIES		NEWSLETTER ADVERTISING CONTRACTS
2009	INTEGRATED MEDICAL MANAGEMENT, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	INTERSURGICAL INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	INVIVO	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	IRADIMED CORPORATION	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	JACKSON & COKER	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	JHP PHARMA (GATEWAY CREATIVE GROUP)	$7,450.00	NEWSLETTER ADVERTISING CONTRACTS
2009	JHP PHARMA (GATEWAY CREATIVE GROUP)	$2,975.00	NEWSLETTER ADVERTISING CONTRACTS
2009	JSM ANESTHESIA SERVICES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	KARL STORZ ENDOSCOPY	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	KARL STORZ ENDOSCOPY	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	KARL STORZ ENDOSCOPY	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	KIMBERLY-CLARK CORPORATION	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	KIMBERLY-CLARK CORPORATION	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	KING PHARMACEUTICALS	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	KING SYSTEMS CORPORATION	$60,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	LIDCO LTD	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	LIFESAVING MEDICAL SOLUTIONS, LLC	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	LIFESTAT	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	LIFE-TECH, INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	LINDE HEALTHCARE/KENDALL & DAVIS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	LMA	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	LMA NORTH AMERICA	$45,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MAINLINE MEDICAL, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MAN & MACHINE INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MASIMO	$75,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MCKESSON	$14,550.00	NEWSLETTER ADVERTISING CONTRACTS
2009	MED MAN SIMULATIONS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDAC	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDI-CORP, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDISIM, Ltd.	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDLINE INDUSTRIES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDNET AMERICA	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDPRO SOLUTIONS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDRAD, INC.	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDRAD, INC.	$995.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	MED-STORM INNOVATION	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEDTRONIC, INC.	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MERCURY MEDICAL	$14,800.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MERCY SHIPS	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MEXYS SA	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MHAUS	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MIARC, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MIZUHO OSI	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MMI MEDCARTS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MOOG MEDICAL DEVICES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	MPI INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	NEUROWAVE SYSTEMS, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	NIHON KOHDEN AMERICA	$45,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	NONIN MEDICAL	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	NONIN MEDICAL	$9,500.00	ANNUAL MEETING SPONSORSHIP
2009	NONIN MEDICAL	$7,500.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	NOVAMED	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	NUMASK, INC.	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	NYSORA WORLD ANESTHESIA CONGRESS	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	OBS MEDICAL	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	OCEANUS INSURANCE COMPANY	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	OHMEDA-GE HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL

2009	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	OLYMPUS SURGICAL & INDUSTRIAL AMERICA, INC.	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	OLYMPUS SURGICAL AMERICA	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	OMNEOTECH	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	OMNICELL	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ORIDION CAPNOGRAPHY, INC.	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PAJUNK MEDICAL SYSTEMS	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PAJUNK MEDICAL SYSTEMS	$7,500.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	PALL MEDICAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PENLON LTD	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PFIZER	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PHILIPS	$60,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHILIPS MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	PHYSICIAN RISK MANAGEMENT GROUP	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PIKEVILLE MEDICAL CENTER	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PIRAMAL HEALTHCARE - FORMERLY RxELITE	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PRACTICEMATCH LT	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PRI-CARA, UNIT OF ORTHO MCNEIL	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PROGENICS PHARMACEUTICALS, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PROGRESSIVE DYNAMICS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PROPPER MANUFACTURING	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	PURDUE PHARMA	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	REN-LOR MEDICAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ROTEM, INC.	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SALTER LABS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SALTER LABS	$500.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	SENTEC - BY MASTER DISTRIBUTOR	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SHAMROCK SCIENTIFIC SPECIALTY SERVICES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SHARN ANESTHESIA	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SIMULAB CORPORATION	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SIUI ULTRASOUND	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SMARTINFUSER USA	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SMISSON-CARTLEDGE BIOMEDICAL, LLC	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SMITHS MEDICAL	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SOMANETICS CORPORATION	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SOMANETICS CORPORATION	$7,500.00	ANNUAL MEETING SPONSORSHIP - PUBLICATION
2009	SOMNIA INC.	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SONORA MEDICAL SYSTEMS, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SONOSITE	$45,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL

2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SONOSITE AND PHILIPS HEALTHCARE	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	TEE WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SPACELABS HEALTHCARE	$30,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SPINEMED-CERT HEALTH SCIENCES	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SPRINGER	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ST. JUDE MEDICAL	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ST. JUDE MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	ST. JUDE MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	STRYKER	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	STRYKER	$15,000.00	ANNUAL MEETING SPONSORSHIP - ADVERTISING
2009	STRYKER	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	SUMMIT MEDICAL PRODUCTS, INC.	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SUNMED	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	SUPERTECH, INC.	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	TELEFLEX MEDICAL	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	TELEFLEX MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	TELEFLEX MEDICAL	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	TENSYS MEDICAL	$7,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	THE MEDICINES COMPANY	$45,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	TREYMED, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	TRU-CORP LTD	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	TRUPHATEK	$7,300.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	TUOREN MEDICAL	$7,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ULTRASCOPE	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ULTRASONIX	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	ULTRASONIX	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	ULTRASONIX MEDICAL CORP	$22,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	US WORLDMEDS	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VALLEY TECHNOLOGY	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VBM MEDICAL, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VERATHON MEDICAL	$37,500.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VIDACARE CORPORATION	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VIDCO, INC.	$3,650.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VISION-SCIENCES, INC.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VITAID	$7,400.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	VITAID	IN-KIND EQUIPMENT AND/OR EQUIPMENT LOAN	ANNUAL MEETING WORKSHOP VENDOR EQUIPMENT RENTAL
2009	WESTMED	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	WILBURN MEDICAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	WOLFE TORY MEDICAL	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	WOO YOUNG MEDICAL CO., LTD.	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	XANODYNE PHARMACEUTICALS	$15,000.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ZARS PHARMA	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

2009	ZEFON INTERNATIONAL	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL
2009	ZOLL MEDICAL CORPORATION	$3,750.00	ANNUAL MEETING EXHIBIT SPACE RENTAL

Documents Responsive to

Request #1

Please describe the policies for accepting industry funding and whether or not ASA allows companies to place restrictions or provide guidance on how funding will be spent.

Excerpts -- Administrative Procedures dated October 21, 2009 [CURRENT ASA POLICY]

5.0 MEETINGS, NON-GOVERNANCE

5.1 *ASA Annual Meeting* (546-1.3; 2009)

The items in this section of this Administrative Procedure are to guide planning for the Annual Meeting by clearly establishing them as policy of the Society. It is not meant to be all inclusive. The titles "President," "Annual Meeting Chair" and those of other appointive positions refer to the people holding those positions during the Annual Meeting under consideration. The Chair of the Section on Annual Meeting shall serve as the Annual Meeting Chair and Chair of the Committee on Annual Meeting Oversight (AMOC). AMOC will be responsible to develop and document procedures to implement policy in its procedure handbook.

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5.1.10.8 Private Meeting Rooms and Commercial Exhibits – Space Assignment
AMOC shall be responsible for establishing policies and procedures governing the assignment of space for private meeting rooms and commercial exhibits at the Annual Meeting. All assignments must be in compliance with ACCME Standards and Policies. No accredited CME activities can take place in conjunction with commercial exhibits.

5.1.10.9 Commercial Exhibitors
AMOC shall be responsible for establishing policies governing the commercial exhibitors at the Annual Meeting.

5.1.10.10 Fundraising Activities or Solicitations
Fundraising activities or solicitations by any organizations other than this Society are prohibited at the Annual Meeting unless specifically authorized by the Board of Directors.

5.1.10.11 Credit to Outside Agencies
AMOC shall be responsible for establishing policies and procedures governing the crediting of activities of outside agencies participating in the Annual Meeting.

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11.2 Conflict of Interest

11.2.1 Requirement
An ASA member shall not serve as an ASA officer, director, alternate director, committee member, representative to another organization or other appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's

family, as defined in the ASA Potential Conflict of Interest Disclosure Statement (COI). Further, a member serving ASA in one of the named capacities shall not permit the fact of the member's ASA service to be exploited in furtherance of the member's or any such relative's personal gain.

11.2.2 Conformity

When a member is appointed or elected to serve ASA in any of the named capacities, and no less than yearly thereafter during the term of service, the member shall complete and submit to the Secretary via the ASA website the ASA Potential Conflict of Interest Disclosure Statement (COI) attesting to conformity with the above standards and noting any potential exceptions. A listing of affiliations will be distributed or made available to all respective members of the Board, Committee, Task Force or other relevant body to which the member is appointed or elected. Please note that this form is different and separate from the disclosure forms requested by the Meetings and the Education Departments of ASA.

11.2.3 Enforcement

The Governance Unit shall monitor compliance with the policy. The Chair of such committee, task force or other relevant body, in consultation with the appropriate Section Chair, shall have primary responsibility to enforce compliance with the conflict of interest policy as it pertains to the work of the committee, task force or other relevant body. The ASA Office of General Counsel, in consultation with the Administrative Council, shall have primary responsibility to monitor and enforce the conflict of interest policy as it pertains to the Board. Each individual member of the Administrative Council shall also have the responsibility to monitor and enforce the conflict of interest policy as it pertains to the Administrative Council. On or before the commencement of a new term of office or service, the incoming committee chairs, Administrative Council and the Office of General Counsel shall initiate review of the potential Conflict of Interest Disclosure Statements and complete initial review of such statements within 30 days of the commencement of the term.

11.2.4 Non-Compliance

The Secretary shall also be notified, other than in the context of the initial review process, in the event of an alleged failure by a sitting officer, director, alternate director, committee member, representative to another organization, or other appointed position to conform to the above standards. The Secretary shall refer any stated potential exception or alleged failure to conform to the requirements of the above standards to the Administrative Council. The Administrative Council, under its authority set forth in Title VIII of the ASA Bylaws, may determine that a conflict does not exist; determine that a conflict does exist but grant a waiver; determine that the matter should be heard by the Judicial Council; or in the case of alleged conflict by a Director or Alternate Director, refer the matter to the component society nominating the director or alternate director, for appropriate action.

11.2.5 ASA Staff

The requirements of the first paragraph above shall apply equally to members of the ASA Executive Staff, which is defined as the Executive Vice Presidents and Departmental Directors. In the case of such individuals, the Executive Committee of the Administrative

Council shall be responsible for monitoring and enforcing compliance with the conflict of interest policy as it pertains to ASA Executive Staff, including the determination of any waiver or for the application of sanctions in the event of any violations of the policy.

11.2.6 Availability of Forms
The Potential Conflict of Interest Disclosure (COI) Statement and forms are available on the ASA website in the Members Only section. For those without internet access or who are not ASA members, hard copies may be obtained from the ASA Executive Office.

...

12.2 Continuing Medical Education Activities

The Committee on Professional Education Oversight (CPEO) shall review all proposals for new educational programs for which CME credit will be given. This committee is charged with overview of all of ASA's educational programs, regardless of the Section/Division in which they originate. CPEO reviews educational activities for merit, compatibility with ASA's educational mission, cost and projected interest to the membership.
...

12.2.4 Educational Program

12.2.4.2 The selection of faculty and the content for the activity should be the responsibility of a Program Chair designated by the relevant Committee or Section Chair.

12.2.4.3 The ACCME requires that ASA ensure that the following decisions were made free of the influence of a commercial interest. This is defined as any proprietary entity producing health care goods or services, with the exception of nonprofit or government organizations and non-health-care-related companies.

12.2.4.3.1 Identification of CME needs

12.2.4.3.2 Determination of educational objectives

12.2.4.3.3 Selection and presentation of content

12.2.4.3.4 Selection of all persons and organizations that will be in a position to control the content of CME

12.2.4.3.5 Selection of educational methods

12.2.4.3.6 Evaluation of the activity

12.2.4.4 All presenters and planners of a new educational activity shall comply with disclosure statement requirements imposed by the relevant accreditation organization. Nondisclosure will result in nonparticipation in the activity. Disclosure information must be provided to the audience before the educational activity begins.

12.2.4.5 Regardless of format, presentations should be based on the best available evidence, and all elements should be free of influence of commercial interests.

12.2.4.5.1 When possible, speakers who have conflicts of interest should be avoided.

12.2.4.5.2 Planners must review and resolve conflicts of interest by presenters before the activity takes place.

12.2.4.6 Commercial support for educational programs will be in accordance with ASA guidelines in these Administrative Procedures.

12.2.4.7 ASA policy permits corporate support for non-educational portions of CME activities. Examples include sponsoring e-mail stations, bags, water stations, etc.

12.2.5 Delivery Method

12.2.5.2 The originator of a proposed new CME activity may recommend delivery methods or vendors as part of the proposal. It is suggested that these recommendations be made in consultation with the Section Chair, ASA staff and the Vice-President for Scientific Affairs or appropriate officer.ASA staff will conduct the necessary investigation of delivery methods and vendors. The results will be reported to the Committee Chair, Section Chair and the Vice-President for Scientific Affairs.

12.2.5.3 Upon formal approval of the new activity, ASA staff will make commitments with the vendor.

12.2.5.4 Additional educational material may be downloaded from the website. This educational material such as slides, abstracts and handouts shall not contain any advertising, trade name or a product-group message.

12.2.5.5 Product-promotion or product-specific advertisement of any type is prohibited in or during CME activities. Consistent with ACCME Standards for Commercial Support, all promotional activities must be kept separate from the CME activity.

12.2.5.6 Promotional materials without direct relation to promotion of the CME activity, including promotion of presenters' own publications, products or services, are not permitted in any room where an educational session is taking place.

***12.3 Additional Provisions** (formerly: Continuing Medical Education Activities)*

12.3.1 The American Society of Anesthesiologists endorses and complies with the ACCME's Standards for Commercial Support of CME activities and with rules regarding conflicts of interest.

12.3.2 All persons who are in a position to control content of CME activities must disclose relevant financial relationships that could cause a conflict of interest on a form or via database access provided by ASA. This disclosure will include but is not limited to all

Annual Meeting Committee members, members of the Committees on Outreach Education and Practice Management, members of the editorial boards of SEE, ACE, Patient Safety Modules and the Refresher Courses in Anesthesiology Publication, and all presenters and moderators at meetings for which CME credit is available.

12.3.3 In addition to requesting information about financial relationships, the disclosure form will convey ASA's expectations that presentations will be unbiased and based on the best available evidence (assuming the program format does not call for a biased presentation, e.g., pro-con debate) and that all elements of the presentation are free from the control of commercial interests. The form will specifically ask if the individual is willing to comply with these policies and requires a signature.

12.3.4 Individuals who refuse to disclose will be disqualified from any role in planning, management, presentation or evaluation of a program. This stipulation will be stated on the disclosure form.

12.3.5 Speakers will receive the disclosure form with their invitation to speak with a specific deadline for return of the form.

12.3.6 Persons not responding to the request for disclosure by the requested date will receive an additional request for the information, followed by a final notification stating that unless the information is received, the person will be removed from the activity.

12.3.7 When planning an educational activity, organizers should consider the best available person for the presentation. Planners should consider avoiding speakers with a potential conflict of interest that may not be able to be resolved. Information disclosed by invited participants must be reviewed prior to the event. If significant potential conflicts exist, organizers should consider revising the program or sending an additional letter to the speaker re-emphasizing ASA's expectation of an unbiased presentation.

12.3.8 In planning an educational activity, review and resolution of possible conflicts of interest and bias will be undertaken at each level of the process. The immediate supervisor of activity planners will review the conflict of interest disclosures of the planners, review the planned activity for bias, resolve any conflicts found and report this activity to his/her immediate supervisor, at least once during the activity.

12.3.9 Disclosure of relevant (or no) financial relationships of those with control of content will be made to learners prior to the beginning of the activity:

> 12.3.9.1 In the appropriate program or syllabus information;
>
> 12.3.9.2 In the online Annual Meeting database;
>
> 12.3.9.3 On the appropriate poster display or at the beginning of any oral presentation.

12.3.10 Program evaluations will include questions on whether commercial bias existed in the presentation. Organizers of specific sessions will review the evaluations after the event and report whether the audience perceived commercial bias. Speakers whose presentations were perceived as biased will be advised to remove the bias (if asked to speak again) or not be invited to participate in the future.

12.3.11 Forms for complying with these requirements or instructions for accessing the database can be obtained from the ASA Executive Office.

12.3.12 Any commercial support for continuing educational activities will comply with the guidelines listed in section 13.2.4 above.

12.4 Guidelines for Commercial Support of Educational Programs

Commercial support may be available for continuing medical educational (CME) activities sponsored by the American Society of Anesthesiologists (ASA). ASA fully supports the Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support and the following guidelines are consistent with the most recently approved ACCME Standards.

12.4.1 Definition
When commercial interests contribute funds and services for the development of CME activities, it is considered commercial support. A "commercial interest" is defined as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

12.4.2 Rationale for Guidelines
Commercial support of CME activities has the potential to enhance ASA's educational mission. However, such support does entail risk. Commercial support has the potential to introduce commercial bias that affects the integrity of the CME activity. Such risk can be precluded by adhering to the guidelines below. The function of these guidelines should act to ensure that the sole purpose of a CME activity is to promote quality in health care; and that individuals who control the content of the CME activity do not have a competing interest with a commercial entity.

12.4.3 Guidelines Based on ACCME Standards for Commercial Support
ASA is solely responsible for the administration, content, quality and integrity of all CME activity. The following will be free of the influence of a commercial interest:

12.4.3.1 Identification of CME needs;

12.4.3.2 Determination of educational objectives;

12.4.3.3 Selection and presentation of content;

12.4.3.4 Selection of persons in a position to control the content of the CME activity;

12.4.3.5 Selection of educational methods;

12.4.3.6 Evaluation of the activity.

12.4.4 A commercial interest will not be a non-accredited partner in a joint sponsorship relationship.

12.4.5 All who are involved in the planning of CME activities must disclose all relevant financial relationships with any commercial interest. Any conflict of interest that is identified must be resolved prior to the educational activity.

12.4.6 Commercial support should be in the form of an unrestricted educational grant. Commercial support (beyond equipment loans) of specific educational sessions in not allowed.

12.4.7 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of commercial support for CME activities.

12.4.8 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. Educational materials that are part of a CME activity such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

12.4.9 An individual must disclose to learners any relevant financial relationship(s) at the beginning of the educational activity.

12.5 Documentation of Terms of Commercial Support

Written agreements documenting the terms of commercial support will be sent to companies who lend equipment for use in workshops or other sessions

12.6 Disclosure to Learners

Disclosure of commercial support will be made to learners prior to activity through the following vehicles:

12.6.1 In the activity's program or syllabus (written materials);

12.6.2 On signs at the meeting site;

12.6.3 On the ASA website, where applicable;

12.6.4 Oral disclosure.

15.5 Solicitation of Funds

The following regulations shall apply to all activities related to the solicitation of funds for the American Society of Anesthesiologists.

15.5.1 Ordinarily, no solicitations on behalf of ASA shall be made by any committee or officer without prior approval of the Board of Directors. However, in circumstances of urgency or in emergencies recognized by the Administrative Council, solicitations may be made after approval by a majority of the Administrative Council and a majority of the Board Committee on Finance.

15.5.2 When approval of solicitation of funds has been granted by the Board of Directors, coordination of the solicitation shall be required through the Board Committee on Finance.

15.5.3 In order to coordinate effectively the solicitation activity of ASA, any committee wishing to solicit shall submit to the Committee on Finance a list of prospective solicitees for consideration and coordination.

15.5.4 ASA wishes to encourage the support of its scientific activities by outside donors. Adequate recognition of this outside support is essential if ASA is to attract meaningful contributions.

15.5.5. Acknowledgment of contributions shall be made in the following manner for these programs:

> 15.5.1.1 Annual Meeting: Credit shall be granted as provided in the Annual Meetings procedures manual.
>
> 15.5.1.2 Other Programs: Any program not covered above shall be acknowledged in a similar manner.

15.5.2 [sic] The Board of Directors shall be the final authority in interpreting these guidelines. The Board may grant variations and/or exceptions in appropriate cases.

15.5.3 [sic] Commercial support, if approved by the Administrative Council, may be utilized for scientific, social and other nonscientific functions of the Society. Credit shall be granted as provided in these Administrative Procedures.

15.5.8 [sic] The Executive Office shall notify officers, section and committee Chairs of these regulations annually.

...

16.4 NEWSLETTER

16.4.1 General Policies

The Board of Directors has established, and periodically reviews, "*NEWSLETTER* Policies". These policies serve as guidelines for the Editor of the *NEWSLETTER* and ASA staff in the publication of the *NEWSLETTER*.

...

16.4.1.1.6 The contents of the *NEWSLETTER* may not be utilized by commercial firms for the purposes of product enhancement. Any requests for deviation from these policies must have approval of the Editor and the Administrative Council. The *NEWSLETTER* does accept commercial advertising as appropriate.

The following are excerpts from previous iterations of the ASA Administrative Procedures in effect for years 2006-2009 that are responsive to the Committee's request but have been modified or were deleted.

Excerpts -- Administrative Procedures dated October 21, 2007

The following was modified from 2006 version:

Procedure No. 4 MEETINGS

...

IV. CONTINUING MEDICAL EDUCATION ACTIVITIES

A. Continuing Medical Education Oversight

1. The Committee on Professional Education Oversight (CPEO) shall review all proposals for new educational programs for which CME credit will be given. This committee is charged with overview of all of ASA's educational programs, regardless of the Section/Division in which they originate. CPEO reviews educational activities for merit, compatibility with ASA's educational mission, cost and projected interest to the membership.

2. On an annual basis, the CPEO will:

   a. Review all existing CME programs for their effectiveness, both in terms of meeting the educational mission of ASA and in terms of their budgetary impact.

   b. Review all existing CME programs to ensure that they are in compliance with ACCME essentials and elements.

c. Review the fees charged for all CME activities. Uniformity in terms of charge per CME hour is not necessarily desirable. Rather, congruity in terms of CME credit hour should be considered in the context of the format of the CME activity and the extent to which the CME activity is considered a fundamental member benefit.

d. Ensure that there is a substantial differential in the pricing of CME activities between members and nonmember anesthesiologists.

e. Review the fees charged for a CME activity to nonphysician members and non-physician nonmembers and ensure that the specific fees for a CME activity are aligned with the educational mission of ASA.

B. New CME Proposals

1. Planning

a. Any Committee, Section, Division or Editorial Board of ASA may propose to develop a new CME activity for the membership.

b. A needs assessment should be conducted before the activity is planned. The needs assessment should be in terms of the learner's knowledge, skills or performance that is intended to improve patient safety and/or enhance professional development.

c. The format of the activity should be chosen based on the content required to meet the learner's need to acquire the knowledge or skills to close a defined performance gap.

d. ASA staff (Director of Scientific Affairs and ASA Education Specialist) should be consulted during development of the proposal to ensure compliance with Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and their Elements, Policies and Standards for Commercial Support.

e. The developer of a proposal is encouraged to consult with the appropriate Section Chair and Vice-President during the planning stages.

f. Although not mandatory, it is suggested that the developer of a proposal submit a brief description of the activity to the CPEO for preliminary screening on its applicability and feasibility within ASA's mission.

g. Before a proposal can undergo a formal review, a request for approval accompanied by the following information must be submitted to the CPEO:

- copies of the needs assessment data for this activity (with focus on improving patient care outcomes)
- course outline
- suggested faculty
- business plan
- complete description of the activity with a relevant timeline, and

- a method to evaluate the effectiveness of the CME activity in meeting the educational need.

2. Approval Process

   a. If preliminary review of a proposal is requested, the Chair of the CPEO will forward the brief description to committee members and provide a written reply to the proposal within 30 days.

   b. When the information requested in 4-IV-B-1-g is complete, a request for approval with accompanying documents should be submitted to the Vice-President for Scientific Affairs and the relevant Section Chair.

   c. The ASA staff under the direction of the Vice-President for Scientific Affairs will distribute the information to CPEO members and schedule the review of the proposal. The review may take place during a physical meeting of CPEO, via e-mail, conference call or videoconferencing. (In most situations the review process should be accomplished within 30 days. On occasion, additional data may be required before a decision can be made, thus necessitating a review process longer than 30 days.) A proposal will ultimately be accepted, not accepted or accepted with modification(s). The objective of vetting the proposal through the CPEO is to ensure that the CME program is aligned with the educational mission of ASA and that all elements necessary for a successful CME function are in place.

   d. If the new educational activity is approved by the CPEO, the initiator of the proposal shall file a report for the next Board of Directors meeting, describing the activity and business plan and recommending formal approval of the plan.

   e. There may be occasions when expedient institution of a new CME activity requires commitment of resources before formal approval by the Board of Directors and House of Delegates. Under such circumstances, the proposal may proceed following approval of the CPEO, Chair of the Section and Division from which the proposal originated and the Executive Committee. The proposal will continue to be evaluated and approved by the Board of Directors and House of Delegates.

3. Educational Program

   a. The selection of faculty and the content for the activity should be the responsibility of a Program Chair designated by the relevant Committee or Section Chair.

   b. The ACCME requires that ASA ensure that the following decisions were made free of the influence of a commercial interest. This is defined as any proprietary entity producing health care goods or services, with the exception of nonprofit or government organizations and non-health-care-related companies.

      1) Identification of CME needs
      2) Determination of educational objectives
      3) Selection and presentation of content

4) Selection of all persons and organizations that will be in a position to control the content of CME
5) Selection of educational methods
6) Evaluation of the activity

c. All presenters and planners of a new educational activity shall comply with ASA potential conflict-of-interest and disclosure guidelines (see Administrative Procedure No. 6-III-B). Nondisclosure will result in nonparticipation in the activity.

d. Disclosure information must be provided to the audience before the educational activity begins.

e. Regardless of format, presentations should be based on the best available evidence, and all elements should be free of influence of commercial interests.

1) When possible, speakers who have conflicts of interest should be avoided.
2) Planners must review and resolve conflicts of interest by presenters before the activity takes place.

f. Commercial support for educational programs will be in accordance with ASA guidelines in Administrative Procedure No. 6-III-C.

g. ASA policy permits corporate support for noneducational portions of CME activities. Examples include sponsoring e-mail stations, bags, water stations, etc.

Excerpts -- Administrative Procedures dated October 18, 2006

The following policy was added in 2006:

Procedure No. 6 ORGANIZATION AND STRUCTURE

...

III. CONFLICT OF INTEREST

...

B. Continuing Medical Education Activities

1. The American Society of Anesthesiologists endorses and complies with the ACCME's Standards for Commercial Support of CME activities and with rules regarding conflicts of interest.

2. All persons who are in a position to control content of CME activities must disclose relevant financial relationships that could cause a conflict of interest on a form provided by ASA. This disclosure will include but is not

limited to all Annual Meeting Committee members, members of the Committees on Outreach Education and Practice Management, members of the editorial boards of SEE, ACE and the Refresher Courses in Anesthesiology Publication, and all presenters and moderators at meetings for which CME credit is available.

3. In addition to requesting information about financial relationships, the disclosure form will convey ASA's expectations that presentations will be unbiased and based on the best available evidence (assuming the program format does not call for a biased presentation, e.g., pro-con debate) and that all elements of the presentation are free from the control of commercial interests. The form will specifically ask if the individual is willing to comply with these policies and require a signature.

4. Individuals who refuse to disclose will be disqualified from any role in planning, management, presentation or evaluation of a program. This stipulation will be stated on the disclosure form.

   a. Speakers will receive the disclosure form with their invitation to speak with a specific deadline for return of the form.

   b. Persons not responding to the request for disclosure by the requested date will receive an additional request for the information, followed by a final notification stating that unless the information is received, the person will be removed from the activity.

5. When planning an educational activity, organizers should consider the best available person for the presentation. Avoiding speakers with a potential conflict of interest that may not be able to be resolved should be considered. Disclosure forms of invited participants should be reviewed prior to the event. If significant potential conflicts exist, organizers should consider revising the program or sending an additional letter to the speaker re-emphasizing ASA's expectation of an unbiased presentation.

6. In planning an educational activity, review and resolution of possible conflicts of interest and bias will be undertaken at each level of the process. The immediate supervisor of activity planners will review the conflict of interest disclosures of the planners, review the planned activity for bias, resolve any conflicts found and report this activity to his/her immediate supervisor, at least once during the activity.

7. Disclosure of relevant (or no) financial relationships of those with control of content will be made to learners prior to the beginning of the activity:
   a. In the appropriate program or syllabus information;
   b. In the online Annual Meeting database;
   c. On the appropriate poster display or at the beginning of any oral presentation.

8. Program evaluations will include questions on whether commercial bias existed in the presentation. Organizers of specific sessions will review the evaluations after the event and report whether the audience perceived commercial bias. Speakers whose presentations were perceived as biased will be advised to remove the bias (if asked to speak again) or not invited to participate in the future.

9. Forms for complying with these requirements can be obtained from the ASA Executive Office.

10. Any commercial support for continuing educational activities will comply with the guidelines listed in Administrative Procedure 6-III-C.

C. *Guidelines for Commercial Support of Educational Programs*

There may be continuing medical educational (CME) activities sponsored by the American Society of Anesthesiologists (ASA) for which commercial support is available. ASA fully supports the Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support and the following guidelines are consistent with the ACCME Standards approved in 2004.

1. **Definition:** When commercial interests contribute funds and services for the development of CME activities, it is considered commercial support. A "commercial interest" is defined as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

2. **Rationale for Guidelines:** Commercial support of CME activities has the potential to enhance ASA's educational mission. However, we must keep in mind that such support does entail risk. Commercial support has the potential to introduce commercial bias that affects the integrity of the CME activity. Such risk can be precluded by adhering to the following guidelines (see below). The function of these guidelines should act to ensure that the sole purpose of a CME activity is to promote quality in health care; and that individuals who control the content of the CME activity do not have a competing interest with a commercial entity.

3. **Guidelines:**

a. ASA is solely responsible for the administration, content, quality and integrity of all CME activity. The following will be free of the influence of a commercial interest.
   (1) Identification of CME needs;
   (2) Determination of educational objectives;
   (3) Selection and presentation of content;
   (4) Selection of persons in a position to control the content of the CME activity;

(5) Selection of educational methods;
(6) Evaluation of the activity.

b. A commercial interest will not be a non-accredited partner in a joint sponsorship relationship.
c. All who are involved in the planning of CME activities must disclose all relevant financial relationships with any commercial interest. Any conflict of interest that is identified must be resolved prior to the educational activity.
d. Commercial support should be in the form of an unrestricted educational grant. Commercial support (beyond equipment loans) of specific educational sessions in not allowed.
e. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of commercial support for CME activities.
f. Educational materials that are part of a CME activity cannot contain any advertising, trade name or a product-group message.
g. An individual must disclose to learners any relevant financial relationship(s) at the beginning of the educational activity.

2. [sic] Written agreement documenting terms of commercial support exists and is sent to:
   a. Exhibitors who sponsor noneducational activities, once the sponsorship contract is signed.
   b. Companies who lend equipment for use in workshops or other sessions.

3. [sic] Disclosure of commercial support will be made to learners prior to theactivity:
   a. In the activity's program or syllabus written materials;
   b. On signs at the meeting site;
   c. On the ASA Web site, where applicable;
   d. Oral disclosure provided before the session opening.

The following policy was deleted in 2006:

B. Presentations at Educational Programs

1. Both the goals of the American Society of Anesthesiologists to oversee its educational programs for potential conflicts of interest and the rules of the Accreditation Council for Continuing Medical Education for the granting of continuing medical education credits require that all submissions for presentation at ASA meetings include a completed disclosure form.

2. The Educational Program book will include a statement that, except where noted, all authors/participants/presenters declare that they and their immediate families have no financial or other relationship with a commercial firm or for-profit entity relating to the topic of the presentation. If there is such a relationship, it will be noted in the Educational Program book and disclosed on poster displays and at the beginning of any oral presentation.

Excerpts -- Administrative Procedures dated March 29, 2005

Procedure No. 3 FINANCES

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IV. SOLICITATION

A. Solicitation of Funds

The following regulations shall apply to all activities related to the solicitation of funds for the American Society of Anesthesiologists.

1. Ordinarily, no solicitations on behalf of ASA shall be made by any committee or officer without prior approval of the Board of Directors. However, in circumstances of urgency or in emergencies recognized by the Administrative Council, solicitations may be made after approval by a majority of the Administrative Council and a majority of the Board Committee on Finance.

2. When approval of solicitation of funds has been granted by the Board of Directors, coordination of the solicitation shall be required through the Board Committee on Finance.

3. In order to coordinate effectively the solicitation activity of ASA, any committee wishing to solicit shall submit to the Committee on Finance a list of prospective solicitees for consideration and coordination.

4. ASA wishes to encourage the support of its scientific activities by outside donors. Adequate recognition of this outside support is essential if ASA is to attract meaningful contributions.

Acknowledgment of contributions shall be made in the following manner for these programs:

a. Annual Meeting: Credit shall be granted as provided in Administrative Procedure No. 4, Section I-P.

b. Other Programs: Any program not covered above shall be acknowledged in a similar manner.

The Board of Directors shall be the final authority in interpreting these guidelines. The Board may grant variations and/or exceptions in appropriate cases.

5. Commercial support, if approved by the Administrative Council, may be utilized for scientific, social and other nonscientific functions of the Society. Credit shall be granted as provided in Administrative Procedure No. 4, Section I-P.

6. The Executive Office shall notify officers, section and committee Chairs of these regulations annually.

...

Procedure No. 4 MEETINGS

I. ANNUAL MEETING

The items in this segment of this Administrative Procedure are to guide planning for the Annual Meeting by clearly establishing them as policy of the Society. It is not meant to be all inclusive. The titles "President," "Annual Meeting Chair" and those of other appointive positions refer to the people holding those positions during the Annual Meeting under consideration. The Chair of the Section on Annual Meeting shall serve as the Annual Meeting Chair. This procedure will be distributed to Chairs of all Annual Meeting Committees and Subcommittees each year, after they assume office.

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M. Private Meeting Rooms and Commercial Exhibits – Space Assignments

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2. Commercial Exhibitors

   a. The Executive Office shall send to the Annual Meeting Chair a list of previously approved exhibitors. In addition to this, a letter of request for approval (with company brochure) for each NEW company requesting exhibit space at the coming Annual Meeting shall be sent as necessary.

   b. New commercial exhibitors must have a product determined by the Annual Meeting Chair to be of medical interest. The Annual Meeting Chair may approve exhibits by manufacturers and business services that offer collection and billing services, computers and their software designed for anesthesiology practice, management services and other aids of the "business side" of the practice of anesthesiology.

   c. Commercial exhibit rentals shall be based upon the anticipated costs of the particular meeting and the practices of other national specialty groups. The present policy shall be continued of direct expenses of the meeting being met by direct Annual Meeting income. Hotels or convention centers shall be selected that have adequate space for enough exhibits to meet these expenses.

...

5. Commercial support, if approved by the Administrative Council, may be utilized for scientific, social and other nonscientific functions of the Society. Credit shall be granted as provided in Administrative Procedure No. 4, Section I-P.

6. The Executive Office shall notify officers, section and committee Chairs of these regulations annually.

...

P. Credit to Outside Agencies

1. Support of scientific programs will be acknowledged in the official published Program by a single line reading "Endowed By. . ." or "Sponsored By. . ." Such acknowledgment will be made as long as the support is complete for the activity.

2. Any additional publicity of support of scientific programs, such as specific pamphlets at registration desks, etc. may, if tastefully prepared, be approved by the Board of Directors upon recommendation of the Annual Meeting Chair.

3. The Society shall appropriately acknowledge, by a single line in the official program or appropriate sign reading "Endowed By or Supported By _____," the receipt of monies to support commercial sponsorship of social or other non-scientific functions at the Annual Meeting providing such support is complete for the activity.

...

IV. CONTINUING MEDICAL EDUCATION ACTIVITIES

A. Continuing Medical Education Oversight

4. The Committee on Professional Education Oversight (CPEO) shall review all proposals for new educational programs for which CME credit will be given. This committee is charged with overview of all of ASA's educational programs, regardless of the Section/Division in which they originate. CPEO reviews educational activities for merit, compatibility with ASA's educational mission, cost and projected interest to the membership.

3. On an annual basis, the CPEO will:

   f. Review all existing CME programs for their effectiveness, both in terms of meeting the educational mission of ASA and in terms of their budgetary impact.

   g. Review all existing CME programs to ensure that they are in compliance with ACCME essentials and elements.

   h. Review the fees charged for all CME activities. Uniformity in terms of charge per CME hour is not necessarily desirable. Rather, congruity in terms of CME

credit hour should be considered in the context of the format of the CME activity and the extent to which the CME activity is considered a fundamental member benefit.

i. Ensure that there is a substantial differential in the pricing of CME activities between members and nonmember anesthesiologists.

j. Review the fees charged for a CME activity to nonphysician members and non-physician nonmembers and ensure that the specific fees for a CME activity are aligned with the educational mission of ASA.

B. New CME Proposals

1. Planning

a. Any Committee, Section, Division or Editorial Board of ASA may propose to develop a new CME activity for the membership.

b. A needs assessment should be conducted before the activity is planned. The needs assessment should be in terms of the learner's knowledge, skills or performance that is intended to improve patient safety and/or enhance professional development.

c. The format of the activity should be chosen based on the content required to meet the learner's need to acquire the knowledge or skills to close a defined performance gap.

d. ASA staff (Director of Scientific Affairs and ASA Education Specialist) should be consulted during development of the proposal to ensure compliance with Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and their Elements, Policies and Standards for Commercial Support.

e. The developer of a proposal is encouraged to consult with the appropriate Section Chair and Vice-President during the planning stages.

f. Although not mandatory, it is suggested that the developer of a proposal submit a brief description of the activity to the CPEO for preliminary screening on its applicability and feasibility within ASA's mission.

g. Before a proposal can undergo a formal review, a request for approval accompanied by the following information must be submitted to the CPEO:

- copies of the needs assessment data for this activity (with focus on improving patient care outcomes)
- course outline
- suggested faculty
- business plan
- complete description of the activity with a relevant timeline, and
- a method to evaluate the effectiveness of the CME activity in meeting the educational need.

5. Approval Process

a. If preliminary review of a proposal is requested, the Chair of the CPEO will forward the brief description to committee members and provide a written reply to the proposal within 30 days.

b. When the information requested in 4-IV-B-1-g is complete, a request for approval with accompanying documents should be submitted to the Vice-President for Scientific Affairs and the relevant Section Chair.

c. The ASA staff under the direction of the Vice-President for Scientific Affairs will distribute the information to CPEO members and schedule the review of the proposal. The review may take place during a physical meeting of CPEO, via e-mail, conference call or videoconferencing. (In most situations the review process should be accomplished within 30 days. On occasion, additional data may be required before a decision can be made, thus necessitating a review process longer than 30 days.) A proposal will ultimately be accepted, not accepted or accepted with modification(s). The objective of vetting the proposal through the CPEO is to ensure that the CME program is aligned with the educational mission of ASA and that all elements necessary for a successful CME function are in place.

d. If the new educational activity is approved by the CPEO, the initiator of the proposal shall file a report for the next Board of Directors meeting, describing the activity and business plan and recommending formal approval of the plan.

e. There may be occasions when expedient institution of a new CME activity requires commitment of resources before formal approval by the Board of Directors and House of Delegates. Under such circumstances, the proposal may proceed following approval of the CPEO, Chair of the Section and Division from which the proposal originated and the Executive Committee. The proposal will continue to be evaluated and approved by the Board of Directors and House of Delegates.

6. Educational Program

a. The selection of faculty and the content for the activity should be the responsibility of a Program Chair designated by the relevant Committee or Section Chair.

b. The ACCME requires that ASA ensure that the following decisions were made free of the influence of a commercial interest. This is defined as any proprietary entity producing health care goods or services, with the exception of nonprofit or government organizations and non-health-care-related companies.

1) Identification of CME needs
2) Determination of educational objectives
3) Selection and presentation of content
4) Selection of all persons and organizations that will be in a position to control the content of CME
5) Selection of educational methods
6) Evaluation of the activity

c. All presenters and planners of a new educational activity shall comply with ASA potential conflict-of-interest and disclosure guidelines (see Administrative

Procedure No. 6-III-B). Nondisclosure will result in nonparticipation in the activity.

h. Disclosure information must be provided to the audience before the educational activity begins.

i. Regardless of format, presentations should be based on the best available evidence, and all elements should be free of influence of commercial interests.

   1) When possible, speakers who have conflicts of interest should be avoided.
   2) Planners must review and resolve conflicts of interest by presenters before the activity takes place.

j. Commercial support for educational programs will be in accordance with ASA guidelines in Administrative Procedure No. 6-III-C.

k. ASA policy permits corporate support for noneducational portions of CME activities. Examples include sponsoring e-mail stations, bags, water stations, etc.

...

Procedure No. 5 COMMUNICATION AND RETENTION

I. NEWSLETTER

A. Newsletter Policies

The Board of Directors has established, and periodically reviews, "*NEWSLETTER* Policies."

These policies serve as guidelines for the Editor of the *NEWSLETTER* and the Executive Office Staff in the publication of the *NEWSLETTER*.

The policies are as follows:

1. Editorial Content

...

d. The *NEWSLETTER* does not accept commercial advertising. Additionally, the contents of the *NEWSLETTER* may not be utilized by commercial firms for the purposes of product enhancement. Any requests for deviation from these policies must have approval of the Editor and the Administrative Council.

...

Procedure No. 6 ORGANIZATION AND STRUCTURE

...

III. CONFLICT OF INTEREST

A. ASA Members and Executive Staff

1. An ASA member shall not serve as an ASA officer, director, alternate director, committee member, representative to another organization or other appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's spouse, children, siblings or parents. Further, a member serving ASA in one of the named capacities shall not permit the fact of the member's ASA service to be exploited in furtherance of the member's or any such relative's personal gain.

2. When a member is nominated to serve ASA in any of the named capacities, the member shall submit to the Secretary a statement attesting to conformity with the above standards and noting any potential exceptions. The Secretary shall also be notified, other than in the context of the nomination process, in the event of an alleged failure by a sitting officer, director, alternate director, committee member, representative to another organization, or other appointed position to conform with the above standards. The Secretary shall refer any stated potential exception or alleged failure to conform to the requirements of the first paragraph to the Administrative Council pursuant to the provisions of section 8.201 of the ASA Bylaws. The Administrative Council, under its authority set forth in subsection 8.201 of the ASA Bylaws, may determine that a violation does not exist; determine that a violation does exist but grant a waiver; determine that the matter should be heard by the Judicial Council; or in the case of alleged violation by a director or alternate director, refer the matter to the component society nominating the director or alternate director, for appropriate action.

3. The requirements of the first paragraph above shall apply equally to members of the ASA executive staff. In the case of such individuals, the Executive Committee of the Administrative Council shall be responsible for the determination of any waiver or for the application of sanctions in the event of any violations of such requirements.

4. Forms for complying with these requirements can be obtained from the ASA Executive Office.

B. Presentations at Educational Programs

1. Both the goals of the American Society of Anesthesiologists to oversee its educational programs for potential conflicts of interest and the rules of the Accreditation Council for Continuing Medical Education for the granting of continuing medical education credits require that all submissions for presentation at ASA meetings include a completed disclosure form.

2. The Educational Program book will include a statement that, except where noted, all authors/participants/presenters declare that they and their immediate families have no financial or other relationship with a commercial firm or for-profit entity relating to the topic of the presentation. If there is such a relationship, it will be noted in the Educational Program book and disclosed on poster displays and at the beginning of any oral presentation.

American Society of Anesthesiologists

ADMINISTRATIVE PROCEDURES

October 21, 2009

TABLE OF CONTENTS

1.0 AUTHORITY FOR THIS BOOK AND IMPLEMENTATION OF ITS PROVISIONS ..5
1.1 Authority for the Administrative Procedures 5
1.2 The Governance Unit 5

2.0 MEETINGS OF THE HOUSE OF DELEGATES 7
2.1 Meetings of House of Delegates 7
2.2 Attendance of the House of Delegates and Voting Rights 7
2.3 Delegates 8
2.4 Seating of Delegations 10
2.5 Reference Committees 10
2.6 Candidates for Elected Office 11
2.7 Reporting Requirements 13
2.8 Reimbursement of Travel Expenses for the House of Delegates Meeting 15

3.0 MEETINGS OF THE BOARD OF DIRECTORS 16
3.1 March Interim Board of Directors (MI BOD) 16
3.2 August Annual Board of Directors (AA BOD) 19
3.3 October Interim Board of Directors (OI BOD) 21
3.4 Additional Meetings 24
3.5 Attendance at and Voting Rights of the Board of Directors 24
3.6 Committees of the Board of Directors 25
3.7 Meetings by Telephone or Videoconference 27
3.8 Reimbursement for Board of Directors Meetings 27

4.0 MEETINGS OF THE ADMINISTRATIVE COUNCIL 28
4.1 Meetings of the Administrative Council 28
4.2 Attendees 28
4.3 Meetings by Telephone or Videoconference 28
4.4 Travel Reimbursement 29

5.0 MEETINGS, NON-GOVERNANCE 30
5.1 ASA Annual Meeting 30
5.2 Legislative Conference 46
5.3 Calendar for Meetings 50
Appendix 1: BOD/HOD Notifications and Reimbursement 52
Appendix 2: General Guideline to BOD/HOD Report Submissions 55

6.0 ORGANIZATIONAL STRUCTURE OF THE SOCIETY 57
6.1 The Three Divisions of the Society and Their Organizational Structure 57
6.2 Each Division Houses Sections, Each Having Its Own Chair 57
6.3 Each Section is Further Subdivided into Committees, Each Having Its Own Chair 57
6.4 Fiscal Affairs 58

7.0 COMMITTEE FUNCTIONS, OVERVIEW AND ORGANIZATIONAL REVIEW OF SECTIONS 59
7.1 Committees: Composition and Duties 59
7.2 Committee Appointment Process 59
7.3 Committee Oversight 60
7.4 Editorial Boards 61
7.5 Liaisons to External Organizations 68

ASA 00049

8.0 ASA COUNCILS **101**
8.1 Administrative Council 101
8.2 AMA Section Council 101
8.3 Judicial Council 101

9.0 COMPONENT SOCIETIES **102**
9.1 ASA Support for Legislative Projects 102
9.2 Administrative Assistance for Component Societies 103
9.3 Legal Support for Component Societies 103
9.4 Financial Assistance for Small Component Societies 103

10.0 ANESTHESIA-RELATED ORGANIZATIONS **105**
10.1 Academic Anesthesia, Society of Academic Anesthesiology Associations and Association of University Anesthesiologists 105
10.2 American Medical Association (AMA) 105
10.3 Common Interest Groups (CIG) 112
10.4 Global Humanitarian Outreach (GHO) 114
10.5 Anesthesia Quality Institute (AQI) 115
10.6 World Federation of Societies of Anaesthesiologists (WFSA) 115
10.7 Subspecialty Organizations 116

11.0 POLICIES AND ADDITIONAL PROVISIONS **117**
11.1 Antitrust Compliance 117
11.2 Conflict of Interest 117
11.3 Consultants to Committees and Sections 119
11.4 Contributed Material, Acceptance of 120
11.5 Copyright and Use 120
11.6 Documents 122
11.7 Electronic Communications (E-mail) 126
11.8 Expert Witness Testimony Program 129
11.9 Membership Database 134
11.10 Other Organizations 139
11.11 Performance Measures 140
11.12 Retention and Storage of In-Training Examinations 141
11.13 Seal and Logo 141
11.14 Speaker's Bureau 142
11.15 Website 143

12.0 EDUCATION **144**
12.1 Conference on Practice Management 144
12.2 Continuing Medical Education 144
12.3 Additional Provisions 151
12.4 Guidelines for Commercial Support of Educational Programs 152
12.5 Documentation of Terms of Commercial Support 154
12.6 Disclosure to Learners 154

13.0 MEMBERSHIP **155**
13.1 Membership Applications Procedure 155
13.2 Component Society Membership 156
13.3 Relocation of Members and Transfer of Component Society Membership 156
13.4 Payment of Dues by New Members 158
13.5 Payment of Dues by Individuals Who Renew Their Membership 159
13.6 Waiver of Dues 159

ASA 00050

14.0 OFFICIAL GUIDE TO REIMBURSEMENT **161**
14.1 Purpose of Guide 161
14.2 The President 161
14.3 Other Officers 164
14.4 Other Expenses of the President-Elect and First Vice-President 165
14.5 Honoraria of ASA Officers 165
14.6 Board of Directors and Administrative Council 166
14.7 Editorial Board 167
14.8 Councils, Sections and Committees 167
14.9 Meetings 168
14.10 Travel Expense Formula and Per Diem Allowance 169
14.11 Procedures for Reimbursement of Expenses 171
14.12 Allocation of Expenses for Concurrent Meetings 171
14.13 Authorization for Signing of Checks 172

15.0 FINANCE **173**
15.1 Annual Planning Cycle for Developing the ASA Budget – Budget Methodology 173
15.2 Foundation Funding 175
15.3 Spendable Account Methodology 177
15.4 Reserves 178
15.5 Solicitation of Funds 179
15.6 Management of Solicited Funds 180
15.7 Guidelines for Memorial, Honorial and Special Funds 180
15.8 Memorial Donations 181
15.9 Auditors 181

16.0 COMMUNICATONS **183**
16.1 Bulletins (Technical and Educational and Committee Publications 183
16.2 Correspondence 184
16.3 Multimedia Policy 184
16.4 *NEWSLETTER* 185
16.5 Publicity 187
16.6 Rapid Response Plan 188

ASA 00051

1.0 AUTHORITY FOR THIS BOOK AND IMPLEMENTATION OF ITS PROVISIONS

1.1 Authority for the Administrative Procedures Manual

1.1.1 The authority for this manual is derived from Bylaws section 10.50 which states that the Board of Directors shall determine and prescribe procedural detail relative to the Bylaws, to be contained in the Administrative Procedures.

1.1.2 Governance staff shall maintain the Administrative Procedures manual and regularly update it.

1.1.2.1 Amendments mandated by one of the governing bodies of ASA (Executive Committee, Administrative Council, Board of Directors and/or the House of Delegates) will be made immediately and presented at the next-occurring meeting of the Board as informational items contained within the report of the Committee on Administrative Affairs.

1.1.2.2 Executive Staff, defined as the two Executive Vice Presidents and departmental directors, are authorized to engage in marketing evaluations and decisions in consultation, when appropriate, with members of relevant committees. Such decisions will be reflected in the Administrative Procedures and presented at the next-occurring meeting of the Board as informational items contained within the report of the Committee on Administrative Affairs.

1.1.2.3 The Governance Unit may make revisions that are of a procedural nature to the extent that they do not contradict the Bylaws or any policy established by this Society. Such amendments or edits will be reflected in the Administrative Procedures and presented at the next-occurring meeting of the Board as informational items contained within the report of the Committee on Administrative Affairs.

1.1.2.4 Changes requiring a Bylaws amendment or a change of policy will be submitted to the Board or House in a report originating from the Committee on Administrative Affairs as "for action" items.

1.2 The Governance Unit

1.2.1 The Executive Office shall maintain a sub-department to administer the governance of ASA as set forth in the Bylaws and Administrative Procedures.

1.2.2 The Governance Unit will work in conjunction with the Officers of ASA to execute the decisions and policies of the governing bodies of the Society.

ASA 00052

1.2.3 The Executive Vice-President in Park Ridge and head of the Governance Unit shall determine the staffing requirements of the department and recruit staff capable of determining and implementing "best practices" in this field.

1.2.4 The Governance Unit is responsible for the compilation and dissemination of materials pertaining to governance-related meetings, including the House of Delegates, the Board of Directors and the Administrative Council. Governance staff also assist in governance-related meetings and meetings in which ASA is a co-sponsor or host with other medically-related organizations.

1.2.5 The Governance Unit is responsible for updating and making available to the membership governance-related publications such as the Standards, Guidelines and Statements, the Bylaws and the Administrative Procedures.

1.2.6 With the Chair of the Board Committee on Administrative Affairs and the Executive Vice-President in Park Ridge, the head of the Governance Unit shall undertake to comprehensively revise the Administrative Procedures every five years, commencing in 2008. Revisions shall be submitted to the August Annual Board of Directors for approval. Subsequent updates and revisions will be made in 2013, 2018, 2023, 2028, etc.

1.2.7 The Governance Unit is responsible for dissemination of information to the membership, including but not limited to the Minutes of House and Board meetings and current lists of Officers, Division, Section and Committee Chairs, etc., which are posted to the ASA website. Other notices of importance, such as openings of nominations periods, announced candidates for elected positions and summaries of meetings, are to be submitted to the *NEWSLETTER* for publication.

1.2.8 The Governance Unit is responsible for opening the nominations periods for committees, elected positions and other representatives of the Society as described below. Governance staff will assist the President-Elect in the activities performed annually in preparation for the presidential year. Governance is also required to obtain, compile these nominations and disseminate the results of the selections processes.

ASA 00053

2.0 MEETINGS OF THE HOUSE OF DELEGATES

2.1 *Meetings of House of Delegates*

2.1.1 Annual Meeting

Section 1.14 of the Bylaws provides that the House of Delegates shall meet during and at the location of each Annual Meeting of this Society.

2.1.2 Special Meetings

Section 1.14 of the Bylaws provides that (a) a special meeting of the House of Delegates *may* be called by the President with the approval of the Board of Directors, (b) special meetings *must* be called by the President upon petition by two-thirds of the component societies and that (c) written notice of a special meeting shall be mailed conventionally or electronically to each member of the House of Delegates at least 30 days prior to any special meeting.

2.2 Attendance of the House of Delegates and Voting Rights

2.2.1 Those who shall receive notices pertaining to the House of Delegates are:

- Officers
- The allotted number of Delegates from each Component Society of ASA per Bylaws section 1.61
- The allotted number of Alternate Delegates from each Component Society of ASA per Bylaws section 1.61
- Up to five members of the Governing Council of the Resident Component per Bylaws 1.121
- One non-voting representative of the Medical Student Component per Bylaws 1.383
- Directors
- Alternate Directors
- Section Chairs and Vice Chairs
- Past Presidents
- One Director and one Alternate from the Academic Anesthesiology Component Society
- Editor-in-Chief, Journals
- Chair, ASA Delegation to the AMA
- Presidents of the ACGME-accredited Subspecialty Societies enumerated in Bylaws section 1.79
- Presidents of the four ASA-supported Foundations
- Chairs, Editorial Boards
- Councils
- Committees
- President, WFSA
- Rovenstine Lecturer
- Wright Lecturer

ASA 00054

- Sveringhaus Lecture on Translational Science (formerly the Plenary Lecture)
- Winner, DSA Award
- Winner, Presidential Scholar Award
- Winner, Resident Research Essay Award
- Winner, Media Award
- Specially-invited guests and non-member participants (US and non-US)

2.2.2 Those with voting privileges at the House of Delegates session(s) are:

- Officers, with the exception of the Speaker and Vice Speaker (although they may vote for the DSA candidate)
- State and Resident Component Delegates
- State and Resident Society Alternate Delegates *only if they are serving in lieu of the Delegate*
- Directors
- Alternate Directors *who are seated in lieu of an absent Director*

2.3 Delegates

2.3.1 Determination of the number of delegates

The Governance Unit shall determine the number of delegates to which each component is entitled in accordance with Bylaws section 1.61; each component society shall elect the designated number of delegates and an equal number of alternates to represent their respective component.

2.3.2 Notification to Component Societies and Credentialing

2.3.2.1 Notification

The Governance Unit will notify each component society secretary as to the proper number of delegates to which that society is entitled. A form will accompany the notice on which the component society secretary must certify the name and contact information for each eligible delegate and alternate delegate.

2.3.2.1.1 Components will furnish the names of their Delegates and Alternates no less than 60 days prior to the ASA Annual Meeting.

2.3.2.1.2 A copy of such notice should be sent by the component society, for information purposes, to delegates and alternate delegates certified for the prior meeting of the House of Delegates.

ASA 00055

2.3.2.2 Credentialing

2.3.2.2.1 Delegates will receive notification of meeting times and locations of House of Delegates sessions and caucus meetings, as well as any announcements issued by the Speaker.

2.3.2.2.2 Delegates' names are compiled by the Governance Unit and furnished to the Assistant Secretary who serves as the Credentials Officer under the Speaker of the House of Delegates.

2.3.2.2.3 The Assistant Secretary will be stationed at the entrance to the House floor and will verify the credentials of each Delegate and Alternate Delegate prior to the commencement of each House of Delegates session.

2.3.2.2.4 The Assistant Secretary will report the number of Delegates certified and seated to the Speaker at each session of the House of Delegates to determine whether a quorum is present and maintain a running tally of the total number of voting members of House of Delegates certified and seated

2.3.3 Term of Delegates

The term of a component society delegates is governed by Section 1.64 of the Bylaws, which states "The term of office of a delegate shall be three years and that of an alternate delegate one year, and shall commence at such time following the election as the component society shall designate. If the component society makes no designation, the term shall begin at the close of the Annual Meeting next following the election."

2.3.4. Eligibility and Dispute Resolution (251-5; 2009)

2.3.4.1 Delegates may be deemed ineligible to serve in the event that they have not met the Conflict of Interest disclosure requirements in Administrative Procedures, section 11.2 and Bylaws 8.201.

2.3.4.2 In the event that a Component Secretary complies with Bylaws section 1.36.c, but is later notified by the Governance Unit that the number of active members as calculated by the Membership Department is sufficiently different as to impact the number of delegates to which the component would be entitled, the component shall:

2.3.4.2.1 Work with the Membership Department to reconcile the membership rosters of the two organizations.

ASA 00056

2.3.4.2.2 Forward to Governance the agreed-upon membership roster for recalculation of the number of delegates to be credentialed and seated at the House of Delegates no later than May 31.

2.3.5 House of Delegates Materials

All House of Delegates members will be polled in advance of the Annual Meeting to ascertain whether hard copies of the handbook are required. Per Board and House approval of report 400-2.1 (2006), only those requesting a handbook will receive one. All House members will receive a CD or other digital version of the handbook. The handbook will also be made available on the ASA website. Handbooks will be disseminated in all formats on the third Friday preceding the first session of the House of Delegates.

2.4. Seating of Delegations

2.4.1 Seating, General
Directors and Delegates shall be seated together as units representing their component in a specifically designated area of the House.

2.4.2 Seating, Officers
Officers shall have specifically designated seating.

2.4.3 Seating, Others

All nonvoting members of the House (Past-Presidents, Alternate Directors, Alternate Delegates, Section Chairs, Medical Student representative, etc.) shall be seated in a separate area of the House of Delegates.

2.4.4 Seating is the responsibility of the Speaker of the House of Delegates

The designation of seating arrangements shall be the responsibility of the Speaker of the House of Delegates. Special meetings of the House shall utilize the same assigned seating as would have been implemented for the regularly-scheduled Annual Meeting of the House.

2.5 Reference Committees

2.5.1 Reference Committees and Composition

There shall be four Reference Committees, each consisting of seven members. Each member shall have been a member in good standing of ASA for at least two years. Should additional Reference Committees be required, the Speaker of the House of Delegates shall recommend to the President the number of additional Reference Committees required and their duties.

ASA 00057

2.5.2 Appointment

The President shall appoint the members of the Reference Committees, and shall designate one member, who has previously served on a Reference Committee, to serve as Chair. The President may also name a Resident member to serve on each Committee.

2.5.2.1 A majority of the membership of Reference Committees should be appointed from voting members of the House of Delegates, Alternate Directors, and Alternate Delegates. Appointees who are not among these categories should preferably have previous experience in the House of Delegates.

2.5.2.2 The composition of each Reference Committee should reflect the diversity of the membership in terms of gender, age, practice and geographical location. The Speaker of the House of Delegates should be consulted in making these appointments.

2.5.2.3 Those who should not serve on Reference Committees are: Chairs of the Committees of the Board of Directors, Section Chairs and Vice-Chairs and candidates for ASA elected office.

2.5.3 Duties

The duties of the Reference Committees are determined by the business brought before the House of Delegates. Those items which procedurally need no further consideration shall be referred to the Speaker's Consent Calendar. All other items shall be referred to a Reference Committee.

2.5.3.1 Each Reference Committee shall hold open hearings on all items of business that have been referred to it. Such meetings shall be held at the time and place announced at the first session of the House of Delegates. Open hearings are to be conducted in a manner consistent with the Speaker's report 112-1, Rules of Order.

2.5.3.2 At the second session of the House of Delegates, each Reference Committee Chair shall report the recommendations of the Committee for disposition of each item of business referred to it.

2.6 Candidates for Elected Office

2.6.1 Notification

By March 1 of each year, the Governance Unit will submit to the *NEWSLETTER* staff an article citing the opening of nominations for elected office. This article will be published in the May and June editions of the *NEWSLETTER*.

ASA 00058

2.6.2 Announcements of Intent to Run

The announcement will state that individuals' intent to run for office are being accepted through mid-July of that year and that a list of those who have announced their candidacies will be compiled by the Governance Unit.

2.6.3 Publication

The Governance Unit will publish the compiled list of self-announced candidates in the September *NEWSLETTER,* and post it to the ASA website.

2.6.3.1 The announcement of candidacy does not constitute formal nomination to an office, nor is it a prerequisite for being nominated.

2.6.3.2 Nominations shall be made at the Annual Meeting of the House of Delegates for all candidates as prescribed by the Bylaws.

2.6.3.3 The Secretary will include the slate of candidates in his or her Annual Report.

2.6.4 Candidate Submissions

Candidates will submit their name, the office for which they are running, a photo of themselves in .jpeg format and their abbreviated Curriculum Vitae for publication on the ASA website.

2.6.5 Election

Elections of Officers will be conducted at the House of Delegates session in accordance with Bylaws section 1.51 and assume their respective offices at the close of the second session of the House of Delegates.

2.6.6 Website Candidate Area (relocated from AP-OGC § 12.0)

2.6.6.1 ASA staff shall post a website candidate area is to include the picture, brief *curriculum vitae* and statement of principal for each avowed candidate for the current year's election.

2.6.6.2 ASA caucus chairs will be asked to review and approve the format of materials submitted by ASA officer candidates.

ASA 00059

2.7 *Reporting Requirements*

2.7.1 Governance Unit will routinely submit all reports that have previously been acted on by the Board of Directors throughout the year for approval by the House of Delegates. Those who have submitted their annual reports during the course of the year need not resubmit their reports to the House of Delegates.

2.7.2 All new reports, resolutions or other items of business to be considered by the House of Delegates must be received by the Governance Unit no later than 5:00 p.m. Central Time on the *seventh Tuesday preceding the first session of the House of Delegates*. No item received after this time shall be considered by the House at its next meeting. The meeting dates and deadlines for 2009 through 2013 are:

House of Delegates	Reports Due No Later Than	Handbooks Posted
October 16-20, 2010	August 30, 2010 (Components and Subspecialties)	October 1, 2010
	September 7, 2010 (All other reports)	
October 15-19, 2011	August 29, 2011 (Components and Subspecialties)	September 30, 2011
	September 6, 2011 (All other reports)	
October 13-17, 2012	August 27, 2012 (Components and Subspecialties)	September 28, 2012
	September 4, 2012 (All other reports)	
October 12-16, 2013	August 26, 2013 (Components and Subspecialties)	September 27, 2013
	September 3, 2013 (All other reports)	

ASA 00060

2.7.3 Each State Director is required to file an annual report with the House of Delegates. The report should include the following:

2.7.3.1 The number of active members in the component

2.7.3.2 Pertinent information regarding

2.7.3.2.1 Governmental and legislative events

2.7.3.2.2 Socioeconomic trends

2.7.3.2.3 Medico-legal trends

2.7.3.2.4 Actions of state or local medical societies relating to or affecting anesthesiology

2.7.3.2.5 Activities that demonstrably align to the Strategic Plan

2.7.3.2.6 Political advocacy having occurred in the state and one sentence minimum quantifying the percent participation in ASAPAC for that state at the time the report is written (670-2; 2008)

2.7.3.2.7 The results of the component society's elections.

2.7.3.2.7.1 Components are required to submit the names and contact information of Delegates and Alternate Delegates to the House of Delegates meeting to the Governance Unit no less than 60 days before the first session of the House; components are also strongly encouraged to hold elections timed to allow for inclusion of election results in its annual report at that same time.

2.7.3.2.7.2 Should election results be unavailable by the date announced by the Governance Unit, the most recently-furnished information from that component will be included in the component's annual report and any materials published by the Governance Unit.

2.7.4 Each of the Subspecialty Societies enumerated in Bylaws section 1.79 shall file an annual report with the House of Delegates.

2.7.5 Additional reporting guidelines are furnished in Appendix 2 at the end of the Governance section of this handbook.

ASA 00061

2.7.6 The Governance Unit will conduct one distribution of hard-copy and electronic media handbooks by the posted date above. These materials will be posted to the ASA website on the same date as the mailing occurs.

2.7.7 The Governance Unit will prepare Minutes of the House of Delegates sessions as soon as feasible after the close of the second session; upon the approval of the Executive Vice-President in Park Ridge and the Secretary, this document will be forwarded to the Minutes Committee for preparation of its report (114-1).

2.7.8 Upon acceptance of the previous year's Minutes by the Minutes Committee, the Governance Unit shall obtain the signature of the Secretary on the document, post it to the website and store it for future reference and inclusion in the next year's Delegates' handbook.

2.8 ***Reimbursement of Travel Expenses for the House of Delegates Meeting***

2.8.1 Bylaws section 1.14 provides that the House of Delegates shall meet during each Annual Meeting of this Society; ASA members are not reimbursed for travel expenses at the time of the Annual Meeting.

2.8.2 Additional governance pertaining to travel expenses for members of the House of Delegates is provided in the Travel Reimbursement section of these Administrative Procedures. If any meeting is called in conjunction with an interim or annual meeting of the Board of Directors, members of the Board of Directors shall be reimbursed in accordance with the Travel Reimbursement policies contained in these Administrative Procedures.

2.8.3 If the meeting constitutes a special meeting and is not held in conjunction with any other meeting, members of the House of Delegates shall be reimbursed in accordance with the Travel Reimbursement policies contained in these Administrative Procedures.

ASA 00062

3.0 MEETINGS OF THE BOARD OF DIRECTORS

Two Board of Directors meetings are mandated by the ASA Bylaws. One is the *Annual Board* (AA BOD), which must be held *no less than 30 days prior to the Annual Meeting of the Society* (Bylaws section 1.231). The second, *interim* (OI BOD) meeting is held in October "without further notice, immediately following the close of the last session of the House of Delegates at the Annual Meeting of the Society" (Bylaws section 1.232).

The business requirements of the Society have necessitated that a third meeting be held. This third meeting is also referred to as an *Interim Meeting* (MI BOD) and is traditionally held in March. With the exception of the OI BOD, which is held in conjunction with the Annual Meeting, sites and dates are selected per Section 14.9 of these Administrative Procedures.

3.1 March Interim Board of Directors (MI BOD)

3.1.1 Meeting Dates

The dates for the meetings of the March Interim Board of Directors for the years 2010 through 2013 appear in the table below. Review Committee hearings and executive sessions are held on Saturday; the Board meets and dispenses with the business of the Society on Sunday.

3.1.2 Notification

The Governance Unit will issue timely notification to Officers, Section Chairs, Directors, Alternate Directors, Subspecialty Society, Academic Society and Foundation Presidents, the Chair to the ASA Delegation to the AMA and the *NEWSLETTER* Editor-in-Chief as to the date of the meeting, specific deadlines and obligations of Board members and other pertinent information specific to the meeting.

3.1.3 Report submissions to the March Interim (MI BOD) Board of Directors and the Directors' Handbook

3.1.3.1 Reports for the meeting are to be submitted to the ASA Governance Unit by 5:00 p.m. Central Time on the dates posted in the table below. **Reports received after the deadline will not receive consideration by the Board of Directors at that meeting.**

Dates of Board Meeting	Reports Due No Later Than	Handbooks Posted
March 6-7, 2010	January 22, 2010	February 26, 2010
March 5-6, 2011	January 21, 2011	February 25, 2011
March 3-4, 2012	January 20, 2012	February 24, 2012
March 2-3, 2013	January 18, 2013	February 22, 2013

3.1.3.2 Reports generated by committees shall have the approval of their respective Division and/or Section Chair prior to submission to the Governance Unit.

ASA 00063

3.1.3.3 Reports are subject to formatting and editing by the Governance staff.

3.1.3.4 As directed by the Board of Directors and the House of Delegates in 2006 (report 400-2), materials for Board meetings shall be produced for electronic media; all Board reports are posted to the ASA website and are also available in CD-ROM or digital equivalent.

3.1.3.5 The Governance staff shall make available all reports and materials Board members require for conducting the business of the Society at the March Interim meeting. Staff shall conduct one mailing of March Board of Directors materials two weeks prior to the meeting date. Posting to the website occurs on the same day as the mailing.

3.1.3.6 The Governance Unit shall prepare Minutes of the meeting as soon as is feasible and post these to the ASA website after they have been approved by the Executive Vice-President in Park Ridge and the Secretary.

3.1.3.7 The Governance Unit will obtain the signature of the Secretary on the approved Minutes from the previous Interim (OI BOD) meeting and maintain these for future reference.

3.1.3.8 The Governance Unit will draft and furnish to the *NEWSLETTER* staff for publication a summary of events of the Interim (MI BOD) Board of Directors meeting.

3.1.4 Reporting Requirements to the Board of Directors

3.1.4.1 Report Elements

For the March Interim (MI BOD) Board meeting, reporting entities are strongly encouraged to submit documents that contain motions of substance in the form of "RECOMMENDS" which embody issues that

3.1.4.1.1 are urgent in nature

3.1.4.1.2 have a fiscal ramifications

3.1.4.1.3 are of such import that the Board should be aware of and act upon them, and/or

ASA 00064