



*Committed to Eliminating Hypertension and Its Consequences*

December 21, 2009

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Michael A. Weber, MD, Editor-in-Chief, Journal of Clinical Hypertension (JCH)

Myron H. Weinberger, MD, Editor-in-Chief, Journal of the American Society of Hypertension (JASH)

Torry Mark Sansone, Executive Director

The Honorable Senator Charles E. Grassley  
Committee on Finance  
Washington, D.C. 20510-6200

Dear Senator Grassley:

*In response to the request you submitted to the American Society of Hypertension, Inc. (ASH) as outlined in your December 7, 2009 correspondence, I am providing the financial information requested, see attached file, ASH Revenue From Industry FY 06 through FY09 {Five Worksheets: "Summary FY2006-2009," Revenue from Industry FY2006, Revenue from Industry FY2007, Revenue from Industry FY2008, Revenue from Industry FY2009}.*

*In response to the five (5) questions you submitted, please note the following:*

**Question 1: Please describe the policies for accepting industry funding and whether or not ASH allows companies to place restrictions or provide guidance on how funding will be spent.**

*The Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education (CME) activities.*

*The Society abides by the ACCME updated Standards for Commercial Support. In addition, the Society accepts, upholds and endorses the related guidelines of the American Medical Association (AMA), the Pharmaceutical Manufacturers Association (PhRMA), the Accreditation Council for Continuing Medical Education (ACCME) and the Office of the Inspector General (OIG).*



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The Society accepts funding from industry according to the ACCME Standards for Commercial Support, and in compliance with the guidelines of the organizations listed above. The Society accepts funding only under the terms, conditions, and specifications of the Society, and does not allow outside companies to place restrictions or to provide guidance on how funding will be spent.

Further, the Society has developed a guideline specifically describing the Society policies for industry funding, "American Society of Hypertension, Inc. (ASH) – Policy for Outside Source Funding." See attached file: ASH Policy for Outside Source Funding.

**Question 2: If ASH allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company, and restriction placed on funding.**

The Society does not allow companies to place restrictions on industry funding. Please see response to Question 1.

**Question 3: Please explain what policies, if any, that ASH plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.**

The Society's Disclosure procedures and forms underwent a comprehensive review in 2005-2006. As a result, in summer 2006, new protocol, guidelines, and forms were established and implemented. These are periodically reviewed by the Board and other Society committees, and new forms were implemented after the September 2009 Board Meeting.

The Society's policy is to disclose all funding in relation to the activity or program for which the funding was granted. The Society believes that its protocol ensures transparency of funding.



*Committed to Eliminating Hypertension and Its Consequences*

**Question 4: Please explain your policies on disclosure of outside income by your top executives and board members.**

*The Society's Disclosure policy and forms underwent a comprehensive review in 2005-2006. As a result, in Summer 2006, new protocol, guidelines, and forms were established and implemented.*

*All Board Members and top executives are required to disclose outside income and other financial relationships by submitting an annual "Disclosure Form for Responsible Persons." Disclosure forms are filed for the previous calendar year.*

*The ASH Disclosure Policy and form are periodically reviewed by the Board and other Society Committees, and new forms were implemented in September 2009. The policy and forms have been linked to the ASH website.*

**Question 5: Please provide the disclosures of outside income filed with your organization by your top executives and board members.**

*See attached files with Disclosure Forms for ASH Responsible Persons for 2006, 2007, and 2008: Calendar Year 2006 Disclosures.pdf, Calendar Year 2007 Disclosures.pdf, Calendar Year 2008 Disclosures.pdf. In accord with Society protocol, ASH Disclosure Forms for 2009 are not submitted by ASH Responsible Persons until 2010.*

Sincerely,

Torry Mark Sansone  
Executive Director

## Conflict of Interest Disclosure Forms for the 2006 Calendar Year

	<b>CONFLICT OF INTEREST DISCLOSURE FORMS FOR YEAR 2006</b>
	<b>Board of Directors:</b>
	<b>Officers:</b>
1	Suzanne Oparil, MD, President
2	C. Venkata Ram, MD, Vice-President
3	Barry J. Materson, MD, Secretary
4	Joseph L. Izzo, Jr. MD, Treasurer
5	Henry R. Black, MD, President-Elect
6	Thomas D. Giles, MD, Immediate Past President
	<b>Directors at Large:</b>
7	George L. Bakris, MD
8	Keith C. Ferdinand, MD
9	Daniel Levy, MD
10	Franz H. Messerli, MD
11	Leopoldo Raij, MD
12	Domenic A. Sica, MD
13	Sandra J. Taler, MD
14	William B. White, MD
15	Jackson T. Wright, Jr. MD
	<b>Ex-Officio Non-Voting Members</b>
16	Norman M. Kaplan, MD, ASP President
17	Myron H. Weinberger, MD, Editor in Chief, Journal of the American Soc. of Hypertension (JASH)
18	Marvin Moser, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	<b>ASH Executive Staff</b>
19	Gilda C. Caputo, Director of Meetings & Exhibits
20	Melissa Levine, Associate Executive Director
21	Torry Mark Sansone, Executive Director
22	Kathleen Sheridan, Director, CME



ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Suzanne Oparil, MD
Date	July 30, 2007
<b>ITEM 1</b>	
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations	
YES	xx
NO	
Please list	Board of Directors--Encysive Pharmaceuticals
	Consultant--Bristol Myers Squibb, Daiichi-Sankyo, Merck & Co., Novartis, Pfizer, Sanofi, and The Salt institute
<b>ITEM 2</b>	
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000	
	<u>\$10,001-\$25,000</u>
YES	xx
NO	
Please list	Boehringer-Ingelheim, Merck & Co., Novartis, Pfizer
	<u>&gt;\$25,000</u>
YES	xx
NO	
Please list	Daiichi-Sankyo, Forest labs
<b>ITEM 3</b>	
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement	
YES	xx
NO	
Please list	Encysive Pharmaceuticals
<b>ITEM 4</b>	
Possession of stock options held in a for-profit, health-care related corporation	
YES	xx
NO	
Please list	Encysive Pharmaceuticals



<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
<b>YES</b>	
<b>NO</b>	XX
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	XX
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	XX
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	XX
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	XX
<b>NO</b>	
<b>Please list</b>	Daiichi-Sankyo, Novartis, Sanofi Aventis
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	XX
<b>NO</b>	
<b>Please list</b>	Consultant for The Salt Institute

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ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	C- VENKATA S. RAM, MD
Date	8/13/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	
Please list	ASHIB/ AFW Hindu Temple Society <del>ASH</del> ASH/TEXAS
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	\$10,001-\$25,000
NO	
Please list	COGENIX, PROCOM
YES	>\$25,000
NO	
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	NONE
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	NONE
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
	NO

YES	
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	
Please list	

C. V. S. [Signature]  
8/13/07



	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	<b>Barry J. Materson, MD, MBA</b>
	<b>DATE: July 31, 2007</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<b><u>\$10,001-\$25,000</u></b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
	<b><u>&gt;\$25,000</u></b>
<b>YES</b>	<b>Yes</b>
<b>NO</b>	
<b>Please list</b>	<b>Novartis (&lt;\$30,000)</b>
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	<b>YES</b>
<b>NO</b>	
<b>Please list</b>	<b>ACCU-BREAK Pharmaceuticals, INC.</b>
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	<b>NO</b>
<b>Please list</b>	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Joseph C. Czo
Date	8/13/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
<input checked="" type="radio"/> YES	
NO	
Please list	Daiichi-Sankyo
	<u>&gt;\$25,000</u>
<input checked="" type="radio"/> YES	
NO	
Please list	Novartis, SCS Healthcare
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
<input checked="" type="radio"/> YES	
NO	
Please list	Intercurve, Inc
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	
Please list	Medcepts, LLC (Educational materials and programs)
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	GlaxoSmithKline
NO	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	None
Please list	



ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Henry Black <span style="float: right;">Aug. 19, 2007</span>
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	None
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	See below
NO	None
Please list	
	>25,000
YES	Novartis
NO	
Please list	Novartis - serve as DSMB chair
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	Non
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	None
Please list	

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
<b>YES</b>	
<b>NO</b>	None
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	None
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	None
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	None
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	None
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	None
<b>Please list</b>	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Thomas D. Giles, M.D.
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	Advantage Communication
<b>NO</b>	
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	NONE
<b>Please list</b>	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	George Bakris Date: August 1, 2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	ISHIB, National Kidney Foundation
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	X
NO	
Please list	Abbott, Boehringer-Ingelheim, BMS/Sanofi-Aventis, Forest, Glaxo-Smith Kline Merck, Novartis, Walgreens (formulary committee), Gileada, Sankyo > <u>\$25,000</u>
YES	
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	X Investigator Initiated study
NO	
Please list	NIH/NIDDK, Glaxo Smith Kline
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	X
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
<b>Name</b>	Keith C. Ferdinand, MD	<b>Date</b> August 14, 2007
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>	
<b>YES</b>	Yes	
<b>NO</b>		
<b>Please list</b>	Association of Black Cardiologist, Inc. (ABC), African American Lipid Cardiovascular Council (AALCC), St. Thomas Clinic, Reach 2010, Louisiana State Board of Medical Examiners (LSBME), Louisiana State University Healthcare Network (LSUHN), and Beautiful Foundation	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>	
	<u>\$10,001-\$25,000</u>	
<b>YES</b>	Yes	
<b>NO</b>		
<b>Please list</b>	AstraZeneca, Merck, Pfizer, NitroMed, Bristol-Myers Squibb, Sanofi, Novartis	
	<u>&gt;\$25,000</u>	
<b>YES</b>		
<b>NO</b>		
<b>Please list</b>		
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>	
<b>YES</b>		
<b>NO</b>	No	
<b>Please list</b>		
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>	
<b>YES</b>		
<b>NO</b>	No	
<b>Please list</b>		

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	Yes
<b>NO</b>	
<b>Please list</b>	Keith C. Ferdinand a Professional Medical Corporation for profit medical practice
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	



**ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL**

**Name**  
**Daniel Levy,**

**Date**

July 30, 07

**ITEM 1**

**Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations**

**YES**

x

**NO**

**Please list**

Employee of NIH, Scientific Board member of Sarnoff Foundation for Cardiovascular Research (unpaid volunteer)

**ITEM 2**

**Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000**

\$10,001-\$25,000

**YES**

**NO**

x

**Please list**

>\$25,000

**YES**

**NO**

x

**Please list**

**ITEM 3**

**Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement**

**YES**

**NO**

x

**Please list**

**ITEM 4**

**Possession of stock options held in a for-profit, health-care related corporation**

**YES**

**NO**

x

**Please list**

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	X
Please list	

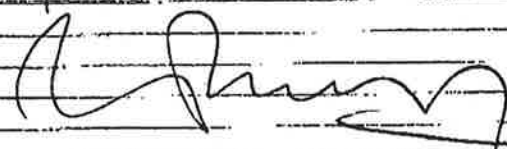
ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Franz H. Messerli, MD
Date	08/02/2007
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	✓
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
YES	✓
NO	
Please list	Sanofi Aventis, AstraZeneca, Forest, Boehringer Ingelheim, Cerebro ACP, Daiichi Sankyo, First Horizon, Aphorium, Merck, Abbott, Bayer, BMS
	>\$25,000
YES	✓
NO	
Please list	GSK, Pfizer, Novartis,
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	✓
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	✓
Please list	

<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	
NO	√
Please list	
<b>ITEM 6</b>	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	√
Please list	
<b>ITEM 7</b>	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	√
Please list	
<b>ITEM 8</b>	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	√
NO	
Please list	MedixInfo
<b>ITEM 9</b>	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
NO	√
Please list	
<b>ITEM 10</b>	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	√
Please list	

Amy

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Leopoldo RAJ MD Date 8-22-07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
YES	
<input checked="" type="radio"/> NO	
Please list	
YES	\$10,001-\$25,000
NO	>\$25,000
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

Leopoldo RAJ MD



YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
<input checked="" type="radio"/> NO	
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Domenic Sica Date July 31, 07
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
YES	X
NO	
Please list	Novartis, Forest Labs, Neurotherapeutics
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
YES	X
NO	
Please list	Glaxo, Smith-Kline <u>&gt;\$25,000</u>
YES	X
NO	
Please list	Novartis
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
YES	
NO	X
Please list	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
YES	
NO	X
Please list	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>



<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	X - any grants received are paid directly to Virginia Commonwealth University
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	Board of Directors of Cardiometabolic Health Foundation - however I am not aware that the educational activities of this foundation conflict in anyway with the American Society of Hypertension



	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
Name	Sandra J. Taler MD
Date	6-Aug-07
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
YES	
NO	X
Please list	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
YES	
NO	X
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	
Please list	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
YES	
NO	X
Please list	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
YES	
NO	X
Please list	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	NIH Research grant funds for follow-up of living kidney donors
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Date
William B. White	30-Jul-07
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
YES	x
NO	
<b>Please list</b>	Chair, Study Section, Clinical and Community Research Program, Catherine and Patrick Donaghue Medical Research Foundation, Hartford, Connecticut Special Government Employee, Food and Drug Administration (ad hoc reviewer for cardiorenal dr
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
YES	x
NO	
<b>Please list</b>	Berlex/Bayer Health Care - recipient of unrestricted educational grant (University Section), Novartis Pharmaceuticals - Lecturer and Safety Consultant; King Pharmaceuticals - consultant; Teva Pharmaceuticals - Member, DSMB; Forest Laboratories - Safety Consultant; TAP Pharmaceuticals - Safety Consultant <u>&gt;\$25,000</u>
YES	x
NO	
<b>Please list</b>	Pfizer Laboratories - lecturer; Boehringer - Ingelheim - Lecturer
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
YES	
NO	xx
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
YES	
NO	xx
<b>Please list</b>	

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
<b>YES</b>	x
<b>NO</b>	
<b>Please list</b>	Editor-In Chief of Blood Pressure Monitoring (Lippincott Williams & Wilkins)
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	xx
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	xx
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	xx
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	x
<b>NO</b>	
<b>Please list</b>	Investigator initiated grants from AstraZeneca (2004-5) and Pfizer Laboratories (2005-6)
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	



	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	<b>Jackson T. Wright, Jr MD, PhD    date    July 26, 2007</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	Northeast Ohio Neighborhood Health Centers
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	Board of Directors ISHIB
NO	
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	
Please list	I am not a Republican

**ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL**

Name

*Norman Kaplan*

Date

*8/2/07*

**ITEM 1**

Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

YES

NO

☒

Please list

**ITEM 2**

Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

\$10,001-\$25,000

YES

NO

☒

Please list

>\$25,000

YES

NO

Please list

**ITEM 3**

Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement

YES

NO

☒

Please list

**ITEM 4**

Possession of stock options held in a for-profit, health-care related corporation

YES

NO

☒

Please list

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	<input checked="" type="checkbox"/> Lippincott, Williams and Wilkins Publisher
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments > \$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	<input checked="" type="checkbox"/> Boehringer Ingelheim and Pfizer Pharmaceuticals > \$10,000
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	<input checked="" type="checkbox"/>
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is > \$50,000
YES	
NO	<input checked="" type="checkbox"/>
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	<input checked="" type="checkbox"/>
Please list	



	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Myron Weinberger <b>Date</b> July 28/07
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	Board member
<b>NO</b>	
<b>Please list</b>	Partners in Housing Development Corp (tax-exempt charity for affordable housing)
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	

<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
<b>Marvin Moser</b>	<b>10-Aug-07</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u><b>\$10,001-\$25,000</b></u>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
	<u><b>&gt;\$25,000</b></u>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	X
NO	
Please list	President of Hypertension Education Foundation 501c (no salary)

**ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL**

Name

Gilda Caputo-Hanser

Date

8/6/07

**ITEM 1**

Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

YES

NO

no

Please list

**ITEM 2**

Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

YES

NO

no

Please list

\$10,001-\$25,000

>\$25,000

YES

NO

Please list

**ITEM 3**

Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement

YES

NO

no

Please list

**ITEM 4**

Possession of stock options held in a for-profit, health-care related corporation

YES

NO

no

Please list

**ITEM 5**

Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	no
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	no
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	no
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	no
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	no
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	no
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL

Name

Melissa Levine Date 8/3/07

ITEM 1

Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

YES

☒ NO

Please list

Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

ITEM 2

\$10,001-\$25,000

YES

☒ NO

Please list

>\$25,000

YES

NO

Please list

Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement

ITEM 3

YES

☒ NO

Please list

ITEM 4

Possession of stock options held in a for-profit, health-care related corporation

YES

☒ NO

Please list

ITEM 5

Receipt or potential receipt of royalty income from copyrights > \$10,000

YES

☒ NO

Please list

ITEM 6

Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?

YES

☒ NO

Please list

ITEM 7

Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs

YES

☒ NO

Please list

ITEM 8

Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities

YES

☒ NO

Please list

ITEM 9

Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000

YES

☒ NO

Please list

ITEM 10

Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest

YES

☒ NO

Please list



*Terry Mark Sansone*

✓

<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
Name	<i>TERRY MARK SANSONE</i> Date <i>9/11/07</i>
<b>ITEM 1</b> Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations	
YES	
NO ✓	
Please list	
<b>ITEM 2</b> Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000	
<u>\$10,001-\$25,000</u>	
YES	
NO ✓	
Please list	
<u>&gt;\$25,000</u>	
YES	
NO ✓	
Please list	
<b>ITEM 3</b> Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement	
YES	
NO ✓	
Please list	
<b>ITEM 4</b> Possession of stock options held in a for-profit, health-care related corporation	
YES	
NO ✓	
Please list	
<b>ITEM 5</b> Receipt or potential receipt of royalty income from copyrights > \$10,000	

YES	
NO ✓	
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO ✓	
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO ✓	
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO ✓	
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO ✓	
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO ✓	
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Kate Sheridan Date July 31, 07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	X
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	X
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	X
Please list	

## Conflict of Interest Disclosure Forms for the 2007 Calendar Year

	<b>CONFLICT OF INTEREST DISCLOSURE FORMS FOR 2007</b>
	<b>Board of Directors:</b>
	<b>Officers:</b>
1	Henry R. Black, MD, President
2	C. Venkata Ram, MD, Vice-President
3	Sandra J. Taler, MD, Secretary
4	Joseph Izzo, Jr. MD, Treasurer
5	George L. Bakris, MD, President-Elect
6	Suzanne Oparil, MD, Immediate Past President
	<b>Directors at Large:</b>
7	Keith C. Ferdinand, MD
8	Alan H. Gradman, MD
9	Daniel T. Lackland, DrPH
10	Daniel Levy, MD
11	Franz H. Messerli
12	Robert Phillips, MD, PhD, CME
13	Domenic A. Sica, MD
14	Addison A. Taylor, MD, PhD
15	William B. White, MD
	<b>Ex-Officio Non-Voting Members</b>
16	Norman M. Kaplan, MD, ASP President
17	Myron Weinberger, MD, Editor in Chief, Journal of American Journal of Hypertension (JASH)
18	Marvin Moser, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	<b>ASH Executive Staff</b>
19	Gilda Caputo, Director of Meetings & Exhibits
20	Melissa Levine, Associate Executive Director, Scientific Meetings
21	Torry Mark Sansone, Executive Director
22	Kathleen Sheridan, Director of Education



## The American Society of Hypertension, Inc.

### DISCLOSURE FORM FOR ASH EDUCATIONAL ACTIVITIES

Individual's Name: HENRY R. BLACK

[Signature]  
Signature

1/14/09  
Date

Reportable Relationships in existence for the past twelve months and Disclosures of Persons as Faculty Members in Educational Activities that must be disclosed include:

1. Paid service as an Officer, Trustee, Board Member, Committee Member, or Consultant for other Not-For-Profit, For-Profit, or Government Organizations: Service as a consultant, scientific advisory committee member, or lecturer for non-Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000.



NOTHING TO DISCLOSE.



I SERVE AS (CIRCLE ONE) AN OFFICER, TRUSTEE, BOARD MEMBER, OR COMMITTEE MEMBER FOR



I SERVED AS (CIRCLE ONE) A CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER OR LECTURER FOR NON-CME EVENTS WITH PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING CATEGORY:



\$10,001-\$25,000



> \$25,000

su #2

2. Service as a Faculty Member for a Non-Accredited CME Activity: Service as a consultant, scientific advisory committee member, or lecturer for non-accredited Continuing Medical Education (CME) events, with payments from a single entity during the previous 12 months, are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000. *Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.*



NOTHING TO DISCLOSE.



I SERVE AS (CIRCLE ONE) CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER, OR LECTURER FOR NON-ACCREDITED EVENTS WARRANTING PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING INCOME CATEGORIES:



\$10,001 - \$25,000



> \$25,000

SINGLE ENTITY: Novartis, Gilead



## The American Society of Hypertension, Inc.

3. Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.

☒

**NOTHING TO DISCLOSE.**

☐

**I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.**

**CORPORATION:** \_\_\_\_\_

4. Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:

☒

**NOTHING TO DISCLOSE.**

☐

**I POSSESS STOCK OPTIONS HELD IN A FOR-PROFIT, HEALTH-CARE RELATED CORPORATION  $\geq$  \$10,000.**

**CORPORATION:** \_\_\_\_\_

5. Receipt or Potential Receipt of Royalty Income from Copyrights  $\geq$  \$10,000:

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT  $\geq$  \$10,000.**

**PUBLICATION:** \_\_\_\_\_

6. Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization  $\geq$  \$10,000 :

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYRIGHT FROM A HEALTHCARE RELATED COMPANY  $\geq$  \$10,000.**

**CORPORATION:** \_\_\_\_\_

148 Madison Avenue, 5<sup>th</sup> Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711

[www.ash-us.org](http://www.ash-us.org)



## The American Society of Hypertension, Inc.

7. Receipt or Potential Receipt of Any Non-Royalty Payments or Entitlements to Payments  $\geq$  \$10,000 from a Healthcare-Related Organization that are not Directly Related to the Reasonable Costs:

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS  $\geq$  \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.**

**CORPORATION:** \_\_\_\_\_

8. Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities: Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the date of submission.

☒

**NOTHING TO DISCLOSE.**

☐

**I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.**

**CORPORATION:** \_\_\_\_\_

9. Receipt of Research Grant Support or In-Kind Support  $\geq$  \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT  $\geq$  \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.**

**ORGANIZATIONS:** \_\_\_\_\_

- 9A. Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001– \$25,000; (B)  $>$  \$25,000:

☒

**NOTHING TO DISCLOSE.**

148 Madison Avenue, 5<sup>th</sup> Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711

[www.ash-us.org](http://www.ash-us.org)





## The American Society of Hypertension, Inc.

☐

**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT FROM A FOR-PROFIT CORPORATION IN THE FOLLOWING AMOUNT:**

☐

\$10,001– \$25,000

☐

> \$25,000

**CORPORATION:** \_\_\_\_\_

10. Provide a description of relevant positions held within any organization(s) or group(s) that might represent a conflict of interest.

☒

**NOTHING TO DISCLOSE.**

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***Please return to ASH, fax #: 212-696-0711.***

70 KATE SHUKALOV

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL

Name

C. VENKATA S. RAMAN Date 7-2-08

Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

ITEM 1

☒ YES

NO

Please list

ISAB, HINDU Temple, Irving, Texas

Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

ITEM 2

\$10,001-\$25,000

YES

NO

☒

Please list

>\$25,000

YES

NO

☒

Please list

Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement

ITEM 3

YES

NO

☒

Please list

ITEM 4

Possession of stock options held in a for-profit, health-care related corporation

YES

NO

☒

Please list

CNSR 7/2/08

☒ NO

ITEM 5

Receipt or potential receipt of royalty income from copyrights > \$10,000

YES

NO

Please list

Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?

ITEM 6

YES

NO

Please list

Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs

ITEM 7

YES

NO

Please list

Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities

ITEM 8

YES

NO

Please list

Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000

ITEM 9

YES

NO

Please list

Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest

ITEM 10

YES

NO

Please list

GSMB

C. V. S. Law  
5/2/08

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Sandra J. Taler MD
<b>Date</b>	6-Aug-07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	NIH Research grant funds for follow-up of living kidney donors
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Joseph Tzou Date 8/13/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
<input checked="" type="radio"/> YES	
NO	
Please list	Daiichi-Sankyo
	>\$25,000
<input checked="" type="radio"/> YES	
NO	
Please list	Novartis, SCS Healthcare
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
<input checked="" type="radio"/> YES	
NO	
Please list	Intercurve, Inc
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
<input checked="" type="radio"/> YES	
NO	
Please list	Medcepts, LLC (Educational materials and programs)
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
<input checked="" type="radio"/> YES	Glaxo SmithKline
NO	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
<input checked="" type="radio"/> NO	None
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
<b>Name</b>	<b>George Bakris, MD</b>	<b>Date June 27, 2008</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>	
<b>YES</b>	X	
<b>NO</b>		
<b>Please list</b>	National Kidney Foundation, American Society of Nephrology, Blood Pressure Council AHA	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>	
	<u><b>\$10,001-\$25,000</b></u>	
<b>YES</b>	X	
<b>NO</b>		
<b>Please list</b>	Forest, Abbott, Novartis, Merck, Gilead, Pharmacopeia, BI, GSK, Walgreen's	
	<u><b>&gt;\$25,000</b></u>	
<b>YES</b>		
<b>NO</b>	X	
<b>Please list</b>		
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>	
<b>YES</b>		
<b>NO</b>	X	
<b>Please list</b>		
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>	
<b>YES</b>		
<b>NO</b>	X	
<b>Please list</b>		
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>	



YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	X
NO	
Please list	Scientific Board of National Kidney Foundation;Hypertension Council-American Society of Nephrology; Chirman of Publications/Public Relations Committee Blood Pressure Council AHA

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Suzanne Oparil, MD <span style="float: right;">Date July 30, 2007</span>
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	xx
NO	
Please list	Board of Directors--Encysive Pharmaceuticals Consultant--Bristol Myers Squibb, Daiichi-Sankyo, Merck & Co., Novartis, Pfizer, Sanofi, and The Salt institute
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	xx
NO	
Please list	Boehringer-Ingelheim, Merck & Co., Novartis, Pfizer <u>&gt;\$25,000</u>
YES	xx
NO	
Please list	Daiichi-Sankyo, Forest labs
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	xx
NO	
Please list	Encysive Pharmaceuticals
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	xx
NO	
Please list	Encysive Pharmaceuticals

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
YES	
NO	xx
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	xx
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	xx
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	xx
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	xx
NO	
Please list	Daiichi-Sankyo, Novartis, Sanofi Aventis
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	xx
NO	
Please list	Consultant for The Salt Institute

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	<b>Keith C. Ferdinand, MD</b>
	<b>Date</b> August 14, 2007
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	Yes
<b>NO</b>	
<b>Please list</b>	Association of Black Cardiologist, Inc. (ABC), African American Lipid Cardiovascular Council (AALCC), St. Thomas Clinic, Reach 2010, Louisiana State Board of Medical Examiners (LSBME), Louisiana State University Healthcare Network (LSUHN), and Beautiful Foundation
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	Yes
<b>NO</b>	
<b>Please list</b>	AstraZeneca, Merck, Pfizer, NitroMed, Bristol-Myers Squibb, Sanofi, Novartis
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	Yes
<b>NO</b>	
<b>Please list</b>	Keith C. Ferdinand a Professional Medical Corporation for profit medical practice
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	



## The American Society of Hypertension, Inc.

EDUCATIONAL ACTIVITIESIndividual's Name: Alan H. Gradman  
SignatureDate 3/14/07

Reportable Relationships in existence for the past twelve months and Disclosures of Persons as Faculty Members in Educational Activities that must be disclosed include:

1. Paid service as an Officer, Trustee, Board Member, Committee Member, or Consultant for other Not-For-Profit, For-Profit, or Government Organizations: Service as a consultant, scientific advisory committee member, or lecturer for non-Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000.

☐

NOTHING TO DISCLOSE.

☐

I SERVE AS (CIRCLE ONE) AN OFFICER, TRUSTEE, BOARD MEMBER, COMMITTEE MEMBER, OR CONSULTANT FOR

☒

I SERVED AS (CIRCLE ONE) A CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER OR LECTURER FOR NON-CME EVENTS WITH PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING CATEGORY:

☒

\$10,001-\$25,000

☒

&gt; \$25,000

2. Service as a Faculty Member for a Non-Accredited CME Activity: Service as a consultant, scientific advisory committee member, or lecturer for non-accredited Continuing Medical Education (CME) events, with payments from a single entity during the previous 12 months, are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000. *Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.*

☐

NOTHING TO DISCLOSE.

☒

I SERVE AS (CIRCLE ONE) CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER, OR LECTURER FOR NON-ACCREDITED AND ACCREDITED CONTINUING MEDICAL EDUCATION (CME) EVENTS WARRANTING PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING INCOME CATEGORIES:

☒

\$10,001 - \$25,000

☒

&gt; \$25,000

SINGLE ENTITY: AstraZeneca, Novartis, Merck, Pfizer



## The American Society of Hypertension, Inc.

3. Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.

☒

NOTHING TO DISCLOSE.

☐

I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.

CORPORATION: \_\_\_\_\_

4. Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:

☒

NOTHING TO DISCLOSE.

☐

I POSSESS STOCK OPTIONS HELD IN A FOR-PROFIT, HEALTH-CARE RELATED CORPORATION  $\geq$  \$10,000.

CORPORATION: \_\_\_\_\_

5. Receipt or Potential Receipt of Royalty Income from Copyrights  $\geq$  \$10,000:

☒

NOTHING TO DISCLOSE.

☐

I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT  $\geq$  \$10,000.

PUBLICATION: \_\_\_\_\_

6. Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization  $\geq$  \$10,000:

☒

NOTHING TO DISCLOSE.

☐

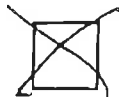
I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYRIGHT FROM A HEALTHCARE RELATED COMPANY  $\geq$  \$10,000.

CORPORATION: \_\_\_\_\_



## The American Society of Hypertension, Inc.

7. Receipt or Potential Receipt of Any Non-Royalty Payments or Entitlements to Payments  $\geq$  \$10,000 from a Healthcare-Related Organization that are not Directly Related to the Reasonable Costs:



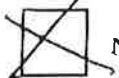
**NOTHING TO DISCLOSE.**



**I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS  $\geq$  \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.**

**CORPORATION:** \_\_\_\_\_

8. Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities: Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the date of submission.



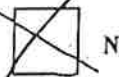
**NOTHING TO DISCLOSE.**



**I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.**

**CORPORATION:** \_\_\_\_\_

9. Receipt of Research Grant Support or In-Kind Support  $\geq$  \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:



**NOTHING TO DISCLOSE.**



**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT  $\geq$  \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.**

**ORGANIZATIONS:** \_\_\_\_\_

- 9A. Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001– \$25,000; (B) > \$25,000:



**NOTHING TO DISCLOSE.**



**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT FROM A FOR-PROFIT CORPORATION IN THE FOLLOWING AMOUNT:**



**\$10,001– \$25,000**



**> \$25,000**

**CORPORATION:** \_\_\_\_\_



	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	<b>Daniel T. Lackland      June 28, 2008</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	XXX
<b>NO</b>	
<b>Please list</b>	American Heart Association - MAA; Barker Foundation for a Lifetime
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u><b>\$10,001-\$25,000</b></u>
<b>YES</b>	XXX
<b>NO</b>	
<b>Please list</b>	Novartis Speaker Bureau
	<u><b>&gt;\$25,000</b></u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	XXX
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	XXX
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	XXX
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	XXX
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	XXX
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	XXX
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	XXX
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	XXX
Please list	

<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
Name	Daniel Levy Date 07/15/08
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	NIH
NO	
Please list	Employee of NIH/NHLBI
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	X
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	X
Please list	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	X
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Franz H. Messerli, MD <span style="float: right;">Date June 30, 2008</span>
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	√
Please list	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	√
NO	
Please list	Bayer, Boehringer Ingelheim, Forest, Daiichi Sankyo, Sanofi, Abbott
	<u>&gt;\$25,000</u>
YES	√
NO	
Please list	GSK, Novartis, Pfizer
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	√
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	√
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	√
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	√
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	√
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	√
NO	
Please list	MedixInfo
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	√
NO	
Please list	Novartis
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	√
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Robert Phillips Date 7/31/07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	no
Please list	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	no
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	
Please list	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	no
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	no
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	yes
<b>NO</b>	
<b>Please list</b>	King Pharmaceutical
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	



ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Domenic Sica Date July 31, 07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	Novartis, Forest Labs, Neurotherapeutics
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	X
NO	
Please list	Glaxo, Smith-Kline
	<u>&gt;\$25,000</u>
YES	X
NO	
Please list	Novartis
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	X - any grants received are paid directly to Virginia Commonwealth University
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	Board of Directors of Cardiometabolic Health Foundation - however I am not aware that the educational activities of this foundation conflict in anyway with the American Society of Hypertension

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
<b>Name</b>	Addison A. Taylor	<b>Date:</b> 7/5/08
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>	
	Glaxo SmithKline: Scientific Advisory Board	
<b>YES</b>	FDA CardioRenal Advisory Committee: Consultant	
	Forest Research Institute: Consultant	
<b>NO</b>	SPS3 Trial Hypertension Committee (NIH-NIDDK): Committee member	
<b>Please list</b>		
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>	
	<u>\$10,001-\$25,000</u>	
<b>YES</b>	Novartis Pharmaceuticals	
	Forest Research Institute	
<b>NO</b>		
<b>Please list</b>		
	<u>&gt;\$25,000</u>	
<b>YES</b>		
<b>NO</b>		
<b>Please list</b>		
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>	
<b>YES</b>		
<b>NO</b>		
<b>Please list</b>		
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>	
<b>YES</b>		
<b>NO</b>		
<b>Please list</b>		
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>	

YES	
NO	
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	Novartis Pharmaceuticals Forest Research Institute Merck Research Laboratories
NO	Abbott Laboratories Sanofi-Aventis Pharmaceuticals
Please list	Bristol-Myers-Squibb Pharmaceuticals Boehringer-Ingelheim Pharmaceuticals
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	William B. White,MD ; June 29, 2008
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	Special Government Employee for FDA Cardiorenal Advisory Board (Ad Hoc) Chairman, Study Section, Donaghue Medical Research Foundation (W. Hartford, CT)
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	x
NO	
Please list	Editor-in-Chief , Blood Pressure Monitoring (Lippincott Williams & Wilkins) - royalty income is typically < \$10,000 but potential exists
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	x
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
NO	x
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	x
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
YES	x
NO	
Please list	2004-2007 : Astra-Zeneca - Institutional Grant to University of Connecticut \$340,000 2004-2007 : Pfizer Inc - Joint grant to University of Connecticut and University of Alabama \$345,0
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	x
NO	
Please list	Perceived Conflicts - Actual conflicts do not exist Occasional Consultant for Data analysis activities - Boehringer Ingelheim Safety Consultant - Novartis Safety Consultant - TAP/Takeda DSMB chairman - Gilead Endpoints Chairman - Myriad Genetics

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL

Name

Norman Kaplan Date 8/2/07

ITEM 1

Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

YES

NO

Please list

ITEM 2

Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

\$10,001-\$25,000

YES

NO

Please list

>\$25,000

YES

NO

Please list

ITEM 3

Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement.

YES

NO

Please list

ITEM 4

Possession of stock options held in a for-profit, health-care related corporation

YES

NO

Please list

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	<input checked="" type="checkbox"/> Lippincott, Williams and Wilkins Publisher
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments > \$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	<input checked="" type="checkbox"/> Boehringer-Ingelheim and Pfizer Pharmaceuticals > \$10,000
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	<input checked="" type="checkbox"/>
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is > \$50,000
YES	
NO	<input checked="" type="checkbox"/>
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	<input checked="" type="checkbox"/>
Please list	



ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Myron Weinberg Date July 28/07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	Board member
NO	
Please list	Partners in Housing Development Corp (tax-exempt charity for affordable housing)
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	
Please list	<u>&gt;\$25,000</u>
YES	
NO	
Please list	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Marvin Moser</b>	<b>10-Aug-07</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<b><u>\$10,001-\$25,000</u></b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
	<b><u>&gt;\$25,000</u></b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	X
NO	
Please list	President of Hypertension Education Foundation 501c (no salary)

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Gilda Caputo
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	NO
<b>NO</b>	
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	NO
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	NO
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	NO
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	NO
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	NO
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	NONE
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Melissa Levine
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	NO
<b>NO</b>	
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	NO
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	NO
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	NO
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	NO
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	NO
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	NONE
Please list	



*Terry Mark Sansone*

✓

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	<i>TERRY MARK SANSONE</i> Date <i>9/11/07</i>
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	✓
Please list	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	✓
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	✓
Please list	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	✓
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	✓
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO ✓	
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO ✓	
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO ✓	
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO ✓	
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO ✓	
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO ✓	
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Kathleen Sheridan
	22-Jun-06
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	X
Please list	

## Conflict of Interest Disclosure Forms for the 2007 Calendar Year

	<b>CONFLICT OF INTEREST DISCLOSURE FORMS FOR 2007</b>
	<b>Board of Directors:</b>
	<b>Officers:</b>
1	Henry R. Black, MD, President
2	C. Venkata Ram, MD, Vice-President
3	Sandra J. Taler, MD, Secretary
4	Joseph Izzo, Jr. MD, Treasurer
5	George L. Bakris, MD, President-Elect
6	Suzanne Oparil, MD, Immediate Past President
	<b>Directors at Large:</b>
7	Keith C. Ferdinand, MD
8	Alan H. Gradman, MD
9	Daniel T. Lackland, DrPH
10	Daniel Levy, MD
11	Franz H. Messerli
12	Robert Phillips, MD, PhD, CME
13	Domenic A. Sica, MD
14	Addison A. Taylor, MD, PhD
15	William B. White, MD
	<b>Ex-Officio Non-Voting Members</b>
16	Norman M. Kaplan, MD, ASP President
17	Myron Weinberger, MD, Editor in Chief, Journal of American Journal of Hypertension (JASH)
18	Marvin Moser, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	<b>ASH Executive Staff</b>
19	Gilda Caputo, Director of Meetings & Exhibits
20	Melissa Levine, Associate Executive Director, Scientific Meetings
21	Torry Mark Sansone, Executive Director
22	Kathleen Sheridan, Director of Education



## The American Society of Hypertension, Inc.

### DISCLOSURE FORM FOR ASH EDUCATIONAL ACTIVITIES

Individual's Name: HENRY R. BLACK

[Signature]  
Signature

1/14/09  
Date

Reportable Relationships in existence for the past twelve months and Disclosures of Persons as Faculty Members in Educational Activities that must be disclosed include:

1. Paid service as an Officer, Trustee, Board Member, Committee Member, or Consultant for other Not-For-Profit, For-Profit, or Government Organizations: Service as a consultant, scientific advisory committee member, or lecturer for non-Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000.



NOTHING TO DISCLOSE.



I SERVE AS (CIRCLE ONE) AN OFFICER, TRUSTEE, BOARD MEMBER, OR COMMITTEE MEMBER FOR



I SERVED AS (CIRCLE ONE) A CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER OR LECTURER FOR NON-CME EVENTS WITH PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING CATEGORY:



\$10,001-\$25,000



> \$25,000

su #2

2. Service as a Faculty Member for a Non-Accredited CME Activity: Service as a consultant, scientific advisory committee member, or lecturer for non-accredited Continuing Medical Education (CME) events, with payments from a single entity during the previous 12 months, are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000. *Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.*



NOTHING TO DISCLOSE.



I SERVE AS (CIRCLE ONE) CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER, OR LECTURER FOR NON-ACCREDITED EVENTS WARRANTING PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING INCOME CATEGORIES:



\$10,001 - \$25,000



> \$25,000

SINGLE ENTITY: Novartis, Gilead



## The American Society of Hypertension, Inc.

3. Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.

☒

**NOTHING TO DISCLOSE.**

☐

**I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.**

**CORPORATION:** \_\_\_\_\_

4. Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:

☒

**NOTHING TO DISCLOSE.**

☐

**I POSSESS STOCK OPTIONS HELD IN A FOR-PROFIT, HEALTH-CARE RELATED CORPORATION  $\geq$  \$10,000.**

**CORPORATION:** \_\_\_\_\_

5. Receipt or Potential Receipt of Royalty Income from Copyrights  $\geq$  \$10,000:

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT  $\geq$  \$10,000.**

**PUBLICATION:** \_\_\_\_\_

6. Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization  $\geq$  \$10,000 :

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYRIGHT FROM A HEALTHCARE RELATED COMPANY  $\geq$  \$10,000.**

**CORPORATION:** \_\_\_\_\_

148 Madison Avenue, 5<sup>th</sup> Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711

[www.ash-us.org](http://www.ash-us.org)



## The American Society of Hypertension, Inc.

7. Receipt or Potential Receipt of Any Non-Royalty Payments or Entitlements to Payments  $\geq$  \$10,000 from a Healthcare-Related Organization that are not Directly Related to the Reasonable Costs:

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS  $\geq$  \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.**

**CORPORATION:** \_\_\_\_\_

8. Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities: Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the date of submission.

☒

**NOTHING TO DISCLOSE.**

☐

**I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.**

**CORPORATION:** \_\_\_\_\_

9. Receipt of Research Grant Support or In-Kind Support  $\geq$  \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:

☒

**NOTHING TO DISCLOSE.**

☐

**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT  $\geq$  \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.**

**ORGANIZATIONS:** \_\_\_\_\_

- 9A. Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001– \$25,000; (B)  $>$  \$25,000:

☒

**NOTHING TO DISCLOSE.**

148 Madison Avenue, 5<sup>th</sup> Floor New York, New York 10016 • (212) 696-9099 • Fax (212) 696-0711

[www.ash-us.org](http://www.ash-us.org)





## The American Society of Hypertension, Inc.

☐

**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT FROM A FOR-PROFIT CORPORATION IN THE FOLLOWING AMOUNT:**

☐

\$10,001– \$25,000

☐

> \$25,000

**CORPORATION:** \_\_\_\_\_

10. Provide a description of relevant positions held within any organization(s) or group(s) that might represent a conflict of interest.

☒

**NOTHING TO DISCLOSE.**

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***Please return to ASH, fax #: 212-696-0711.***

70 KATE SHUKALOV

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL

Name

C. VENKATA S. RAMAN Date 7-2-08

Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

ITEM 1

YES

NO

Please list

ISAB, HINDU Temple, Irving, Texas

Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

ITEM 2

\$10,001-\$25,000

YES

NO

Please list

>\$25,000

YES

NO

Please list

Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement

ITEM 3

YES

NO

Please list

ITEM 4

Possession of stock options held in a for-profit, health-care related corporation

YES

NO

Please list

CNSR 7/2/08

NO

ITEM 5

Receipt or potential receipt of royalty income from copyrights > \$10,000

YES

NO

Please list

Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?

ITEM 6

YES

NO

Please list

Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs

ITEM 7

YES

NO

Please list

Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities

ITEM 8

YES

NO

Please list

Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000

ITEM 9

YES

NO

Please list

Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest

ITEM 10

YES

NO

Please list

GSMB

C. V. S. Law  
5/2/08

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Sandra J. Taler MD
<b>Date</b>	6-Aug-07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	NIH Research grant funds for follow-up of living kidney donors
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Joseph Tzou Date 8/13/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	\$10,001-\$25,000
<input checked="" type="radio"/> YES	
NO	
Please list	Daiichi-Sankyo
	>\$25,000
<input checked="" type="radio"/> YES	
NO	
Please list	Novartis, SCS Healthcare
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
<input checked="" type="radio"/> YES	
NO	
Please list	Intercurve, Inc
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments >\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	
<input checked="" type="radio"/> NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
<input checked="" type="radio"/> YES	
NO	
Please list	Medcepts, LLC (Educational materials and programs)
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is >\$50,000
<input checked="" type="radio"/> YES	Glaxo SmithKline
NO	
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
<input checked="" type="radio"/> NO	None
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
<b>Name</b>	<b>George Bakris, MD</b>	<b>Date June 27, 2008</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>	
<b>YES</b>	X	
<b>NO</b>		
<b>Please list</b>	National Kidney Foundation, American Society of Nephrology, Blood Pressure Council AHA	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>	
	<u><b>\$10,001-\$25,000</b></u>	
<b>YES</b>	X	
<b>NO</b>		
<b>Please list</b>	Forest, Abbott, Novartis, Merck, Gilead, Pharmacopeia, BI, GSK, Walgreen's	
	<u><b>&gt;\$25,000</b></u>	
<b>YES</b>		
<b>NO</b>	X	
<b>Please list</b>		
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>	
<b>YES</b>		
<b>NO</b>	X	
<b>Please list</b>		
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>	
<b>YES</b>		
<b>NO</b>	X	
<b>Please list</b>		
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>	



YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	X
NO	
Please list	Scientific Board of National Kidney Foundation;Hypertension Council-American Society of Nephrology; Chirman of Publications/Public Relations Committee Blood Pressure Council AHA

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Suzanne Oparil, MD
Date	July 30, 2007
<b>ITEM 1</b>	
Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations	
YES	xx
NO	
Please list	Board of Directors--Encysive Pharmaceuticals
	Consultant--Bristol Myers Squibb, Daiichi-Sankyo, Merck & Co., Novartis, Pfizer, Sanofi, and The Salt institute
<b>ITEM 2</b>	
Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000	
	<u>\$10,001-\$25,000</u>
YES	xx
NO	
Please list	Boehringer-Ingelheim, Merck & Co., Novartis, Pfizer
	<u>&gt;\$25,000</u>
YES	xx
NO	
Please list	Daiichi-Sankyo, Forest labs
<b>ITEM 3</b>	
Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement	
YES	xx
NO	
Please list	Encysive Pharmaceuticals
<b>ITEM 4</b>	
Possession of stock options held in a for-profit, health-care related corporation	
YES	xx
NO	
Please list	Encysive Pharmaceuticals

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
YES	
NO	xx
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	xx
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	xx
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	xx
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	xx
NO	
Please list	Daiichi-Sankyo, Novartis, Sanofi Aventis
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	xx
NO	
Please list	Consultant for The Salt Institute

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	<b>Keith C. Ferdinand, MD</b>
	<b>Date</b> August 14, 2007
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	Yes
<b>NO</b>	
<b>Please list</b>	Association of Black Cardiologist, Inc. (ABC), African American Lipid Cardiovascular Council (AALCC), St. Thomas Clinic, Reach 2010, Louisiana State Board of Medical Examiners (LSBME), Louisiana State University Healthcare Network (LSUHN), and Beautiful Foundation
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	Yes
<b>NO</b>	
<b>Please list</b>	AstraZeneca, Merck, Pfizer, NitroMed, Bristol-Myers Squibb, Sanofi, Novartis
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	No
<b>Please list</b>	

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
YES	
NO	No
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	No
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	No
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	Yes
NO	
Please list	Keith C. Ferdinand a Professional Medical Corporation for profit medical practice
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	No
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	No
Please list	



## The American Society of Hypertension, Inc.

EDUCATIONAL ACTIVITIESIndividual's Name: Alan H. Gradman  
SignatureDate 3/14/07

Reportable Relationships in existence for the past twelve months and Disclosures of Persons as Faculty Members in Educational Activities that must be disclosed include:

1. Paid service as an Officer, Trustee, Board Member, Committee Member, or Consultant for other Not-For-Profit, For-Profit, or Government Organizations: Service as a consultant, scientific advisory committee member, or lecturer for non-Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000.

☐

NOTHING TO DISCLOSE.

☐

I SERVE AS (CIRCLE ONE) AN OFFICER, TRUSTEE, BOARD MEMBER, COMMITTEE MEMBER, OR CONSULTANT FOR

☒

I SERVED AS (CIRCLE ONE) A CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER OR LECTURER FOR NON-CME EVENTS WITH PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING CATEGORY:

☒

\$10,001-\$25,000

☒

&gt; \$25,000

2. Service as a Faculty Member for a Non-Accredited CME Activity: Service as a consultant, scientific advisory committee member, or lecturer for non-accredited Continuing Medical Education (CME) events, with payments from a single entity during the previous 12 months, are reportable in the following income categories: (a) \$10,001 - \$25,000; (b) >\$25,000. *Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.*

☐

NOTHING TO DISCLOSE.

☒

I SERVE AS (CIRCLE ONE) CONSULTANT, SCIENTIFIC ADVISORY COMMITTEE MEMBER, OR LECTURER FOR NON-ACCREDITED AND ACCREDITED CONTINUING MEDICAL EDUCATION (CME) EVENTS WARRANTING PAYMENTS FROM A SINGLE ENTITY DURING THE PREVIOUS 12 MONTHS IN THE FOLLOWING INCOME CATEGORIES:

☒

\$10,001 - \$25,000

☒

&gt; \$25,000

SINGLE ENTITY: AstraZeneca, Novartis, Merck, Pfizer



## The American Society of Hypertension, Inc.

3. Possession of Stock, Bond, or Self-Directed Pension Plan Holdings in Excess of \$25,000 in Any For-Profit, Healthcare-Related Corporation: Investments managed solely by a third party, e.g., mutual funds, are exempted from this reporting requirement.

☒

NOTHING TO DISCLOSE.

☐

I POSSESS STOCK, BOND OR SELF-DIRECTED PENSION PLAN HOLDINGS IN EXCESS OF \$25,000 IN ANY FOR-PROFIT, HEALTHCARE RELATED CORPORATION.

CORPORATION: \_\_\_\_\_

4. Possession of Stock Options Held in a For-Profit, Health-Care Related Corporation:

☒

NOTHING TO DISCLOSE.

☐

I POSSESS STOCK OPTIONS HELD IN A FOR-PROFIT, HEALTH-CARE RELATED CORPORATION  $\geq$  \$10,000.

CORPORATION: \_\_\_\_\_

5. Receipt or Potential Receipt of Royalty Income from Copyrights  $\geq$  \$10,000:

☒

NOTHING TO DISCLOSE.

☐

I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME FROM COPYRIGHT  $\geq$  \$10,000.

PUBLICATION: \_\_\_\_\_

6. Receipt of Royalty Income or the Right to Receive Future Royalties Under a Patent, License or Copyright From a Healthcare-Related Organization  $\geq$  \$10,000:

☒

NOTHING TO DISCLOSE.

☐

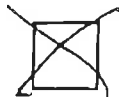
I HAVE RECEIVED OR MAY RECEIVE ROYALTY INCOME UNDER A PATENT, LICENSE OR COPYRIGHT FROM A HEALTHCARE RELATED COMPANY  $\geq$  \$10,000.

CORPORATION: \_\_\_\_\_



## The American Society of Hypertension, Inc.

7. Receipt or Potential Receipt of Any Non-Royalty Payments or Entitlements to Payments  $\geq$  \$10,000 from a Healthcare-Related Organization that are not Directly Related to the Reasonable Costs:



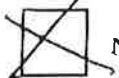
**NOTHING TO DISCLOSE.**



**I HAVE RECEIVED OR MAY RECEIVE NON-ROYALTY PAYMENTS OR ENTITLEMENTS TO PAYMENTS  $\geq$  \$10,000 FROM A HEALTHCARE-RELATED ORGANIZATION THAT IS NOT DIRECTLY RELATED TO THE REASONABLE COSTS.**

**CORPORATION:** \_\_\_\_\_

8. Sole Ownership, Partnership, or Principal of a Not-For-Profit or of a For-Profit Corporation with Healthcare-Related Activities: Any such ownership, partnership, etc. is provisionally considered a significant relationship and therefore is reportable on the date of submission.



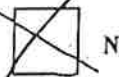
**NOTHING TO DISCLOSE.**



**I POSSESS SOLE OWNERSHIP, PARTNERSHIP, OR AM A PRINCIPAL OF A NOT-FOR-PROFIT OR OF A FOR-PROFIT CORPORATION WITH HEALTHCARE-RELATED ACTIVITIES.**

**CORPORATION:** \_\_\_\_\_

9. Receipt of Research Grant Support or In-Kind Support  $\geq$  \$50,000 (E.G., Research Materials, Data Management and Analysis, Paid Travel) from Not-For-Profit, For-Profit and Government Organizations:



**NOTHING TO DISCLOSE.**



**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT  $\geq$  \$50,000 (E.G., RESEARCH MATERIALS, DATA MANAGEMENT AND ANALYSIS, PAID TRAVEL) FROM NOT-FOR-PROFIT, FOR-PROFIT AND GOVERNMENT ORGANIZATIONS.**

**ORGANIZATIONS:** \_\_\_\_\_

- 9A. Receipt of Research Grant Support or In-Kind Support from a For-Profit Corporation Needs to be Reported in the Following Income Categories: (A) \$10,001– \$25,000; (B)  $>$  \$25,000:



**NOTHING TO DISCLOSE.**



**I HAVE RECEIVED RESEARCH GRANT SUPPORT OR IN-KIND SUPPORT FROM A FOR-PROFIT CORPORATION IN THE FOLLOWING AMOUNT:**



**\$10,001– \$25,000**



**$>$  \$25,000**

**CORPORATION:** \_\_\_\_\_



	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	<b>Daniel T. Lackland      June 28, 2008</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	XXX
<b>NO</b>	
<b>Please list</b>	American Heart Association - MAA; Barker Foundation for a Lifetime
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u><b>\$10,001-\$25,000</b></u>
<b>YES</b>	XXX
<b>NO</b>	
<b>Please list</b>	Novartis Speaker Bureau
	<u><b>&gt;\$25,000</b></u>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	XXX
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	XXX
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	XXX
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	XXX
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	XXX
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	XXX
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	XXX
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	XXX
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Daniel Levy Date 07/15/08
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	NIH
NO	
Please list	Employee of NIH/NHLBI
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	X
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	X
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	X
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Franz H. Messerli, MD <span style="float: right;">Date June 30, 2008</span>
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	√
Please list	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	√
NO	
Please list	Bayer, Boehringer Ingelheim, Forest, Daiichi Sankyo, Sanofi, Abbott
	<u>&gt;\$25,000</u>
YES	√
NO	
Please list	GSK, Novartis, Pfizer
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	√
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	√
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	√
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	√
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	√
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	√
NO	
Please list	MedixInfo
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	√
NO	
Please list	Novartis
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	√
Please list	

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Robert Phillips Date 7/31/07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	no
Please list	
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	no
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	
Please list	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	no
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	no
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	yes
<b>NO</b>	
<b>Please list</b>	King Pharmaceutical
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	no
<b>Please list</b>	



ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Domenic Sica Date July 31, 07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	X
NO	
Please list	Novartis, Forest Labs, Neurotherapeutics
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	X
NO	
Please list	Glaxo, Smith-Kline
	<u>&gt;\$25,000</u>
YES	X
NO	
Please list	Novartis
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	X
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	X
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	X - any grants received are paid directly to Virginia Commonwealth University
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	Board of Directors of Cardiometabolic Health Foundation - however I am not aware that the educational activities of this foundation conflict in anyway with the American Society of Hypertension

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>	
<b>Name</b>	Addison A. Taylor	<b>Date:</b> 7/5/08
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>	
	Glaxo SmithKline: Scientific Advisory Board	
<b>YES</b>	FDA CardioRenal Advisory Committee: Consultant	
	Forest Research Institute: Consultant	
<b>NO</b>	SPS3 Trial Hypertension Committee (NIH-NIDDK): Committee member	
<b>Please list</b>		
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>	
	<u>\$10,001-\$25,000</u>	
<b>YES</b>	Novartis Pharmaceuticals	
	Forest Research Institute	
<b>NO</b>		
<b>Please list</b>		
	<u>&gt;\$25,000</u>	
<b>YES</b>		
<b>NO</b>		
<b>Please list</b>		
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>	
<b>YES</b>		
<b>NO</b>		
<b>Please list</b>		
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>	
<b>YES</b>		
<b>NO</b>		
<b>Please list</b>		
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>	

YES	
NO	
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	Novartis Pharmaceuticals Forest Research Institute Merck Research Laboratories
NO	Abbott Laboratories Sanofi-Aventis Pharmaceuticals
Please list	Bristol-Myers-Squibb Pharmaceuticals Boehringer-Ingelheim Pharmaceuticals
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	William B. White,MD ; June 29, 2008
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	X
<b>NO</b>	
<b>Please list</b>	Special Government Employee for FDA Cardiorenal Advisory Board (Ad Hoc) Chairman, Study Section, Donaghue Medical Research Foundation (W. Hartford, CT)
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

<b>YES</b>	x
<b>NO</b>	
<b>Please list</b>	Editor-in-Chief , Blood Pressure Monitoring (Lippincott Williams & Wilkins) - royalty income is typically < \$10,000 but potential exists
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	x
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	x
<b>NO</b>	
<b>Please list</b>	2004-2007 : Astra-Zeneca - Institutional Grant to University of Connecticut \$340,000 2004-2007 : Pfizer Inc - Joint grant to University of Connecticut and University of Alabama \$345,0
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	x
<b>NO</b>	
<b>Please list</b>	Perceived Conflicts - Actual conflicts do not exist Occasional Consultant for Data analysis activities - Boehringer Ingelheim Safety Consultant - Novartis Safety Consultant - TAP/Takeda DSMB chairman - Gilead Endpoints Chairman - Myriad Genetics

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL

Name

Norman Kaplan Date 8/2/07

ITEM 1

Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

YES

NO

Please list

ITEM 2

Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

\$10,001-\$25,000

YES

NO

Please list

>\$25,000

YES

NO

Please list

ITEM 3

Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement.

YES

NO

Please list

ITEM 4

Possession of stock options held in a for-profit, health-care related corporation

YES

NO

Please list

ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000
YES	<input checked="" type="checkbox"/> Lippincott, Williams and Wilkins Publisher
NO	
Please list	
ITEM 6	Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?
YES	
NO	
Please list	
ITEM 7	Receipt or potential receipt of any non-royalty payments or entitlements to payments > \$10,000 from a healthcare-related organization that are not directly related to the reasonable costs
YES	<input checked="" type="checkbox"/> Boehringer Ingelheim and Pfizer Pharmaceuticals > \$10,000
NO	
Please list	
ITEM 8	Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities
YES	
NO	<input checked="" type="checkbox"/>
Please list	
ITEM 9	Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is > \$50,000
YES	
NO	<input checked="" type="checkbox"/>
Please list	
ITEM 10	Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest
YES	
NO	<input checked="" type="checkbox"/>
Please list	



ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	Myron Weinberg Date July 28/07
<b>ITEM 1</b>	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	Board member
NO	
Please list	Partners in Housing Development Corp (tax-exempt charity for affordable housing)
<b>ITEM 2</b>	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	
Please list	<u>&gt;\$25,000</u>
YES	
NO	
Please list	
<b>ITEM 3</b>	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	
Please list	
<b>ITEM 4</b>	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	
Please list	
<b>ITEM 5</b>	Receipt or potential receipt of royalty income from copyrights > \$10,000

<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
<b>YES</b>	
<b>NO</b>	
<b>Please list</b>	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Marvin Moser</b>	<b>10-Aug-07</b>
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<b><u>\$10,001-\$25,000</u></b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
	<b><u>&gt;\$25,000</u></b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	<b>X</b>
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	X
NO	
Please list	President of Hypertension Education Foundation 501c (no salary)

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Gilda Caputo
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	NO
<b>NO</b>	
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	NO
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	NO
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	NO
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	NO
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	NO
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	NONE
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Melissa Levine
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	NO
<b>NO</b>	
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	NO
<b>Please list</b>	
<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>

YES	
NO	NO
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	NO
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	NO
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	NO
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	NO
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	NONE
Please list	



TERRY MARK SANSONE

✓

ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL	
Name	TERRY MARK SANSONE Date 9/11/07
ITEM 1	Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations
YES	
NO	✓
Please list	
ITEM 2	Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000
	<u>\$10,001-\$25,000</u>
YES	
NO	✓
Please list	
	<u>&gt;\$25,000</u>
YES	
NO	✓
Please list	
ITEM 3	Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement
YES	
NO	✓
Please list	
ITEM 4	Possession of stock options held in a for-profit, health-care related corporation
YES	
NO	✓
Please list	
ITEM 5	Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO ✓	
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO ✓	
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO ✓	
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO ✓	
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO ✓	
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO ✓	
Please list	

	<b>ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS, EXECUTIVE STAFF AND LEGAL COUNSEL</b>
<b>Name</b>	Kathleen Sheridan
	22-Jun-06
<b>ITEM 1</b>	<b>Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 2</b>	<b>Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) &gt;\$25,000</b>
	<u>\$10,001-\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
	<u>&gt;\$25,000</u>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 3</b>	<b>Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	
<b>ITEM 4</b>	<b>Possession of stock options held in a for-profit, health-care related corporation</b>
<b>YES</b>	
<b>NO</b>	X
<b>Please list</b>	

<b>ITEM 5</b>	<b>Receipt or potential receipt of royalty income from copyrights &gt; \$10,000</b>
YES	
NO	X
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	X
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	X
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	X
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	X
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	X
Please list	

## Conflict of Interest Disclosure Forms for the Calendar Year 2008

	<b>CONFLICT OF INTEREST DISCLOSURE FORMS CALENDER YEAR 2008</b>
	<b>Board of Directors:</b>
	<b>Officers:</b>
1	Henry R. Black, MD, President
2	C. Venkata Ram, MD, Vice-President
3	Franz H. Messerli, MD, Treasurer
4	Sandra J. Taler, MD, Secretary
5	George L. Bakris, MD, President-Elect
6	Suzanne Oparil, MD, Immediate Past President
	<b>Directors at Large:</b>
7	David Bisognano, MD, PhD
8	Keith C. Ferdinand, MD
9	Alan H. Gradman, MD
10	Daniel T. Lackland, DrPH
11	Daniel Levy, MD
12	Robert A. Phillips, MD, PhD, CME
13	Addison A. Taylor, MD, PhD
14	William B. White, MD
	<b>Ex-Officio Non-Voting Members</b>
15	Thomas D. Giles, MD, ASP President
16	Myron Weinberger, MD, Editor in Chief, Journal of American Soc. of Hypertension (JASH)
17	Michael A. Weber, MD, Editor in Chief, Journal of Clinical Hypertension (JCH)
	<b>ASH Staff</b>
18	Gilda Caputo, Director of Meetings & Exhibits
19	Melissa Levine, Associate Executive Director, Scientific Meetings
20	Torry Mark Sansone, Executive Director
21	Kathleen Sheridan, Director of Education



The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

### Disclosure of Conflict of Interest

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the product or services of that commercial interest.

### Criteria for Disclosure of Conflicts of Interest

Faculty, speakers, chairmen, facilitators and moderators who affect the content of a CME activity are required to disclose to the American Society of Hypertension Inc. (ASH), any financial relationships or relationships to products with commercial interests or manufacturers (over the past 12 months) associated with or discussed in their presentation. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.

Name of Reporting Individual:

Date:

Henry Black	12/16/09
-------------	----------

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☒ I have no relationships to disclose. (Proceed to Part 2)

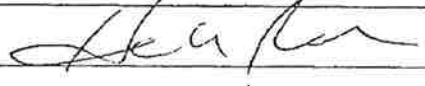
### Part 1 of 3

Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
x	Advisor/consultant	Boehringer, Daiichi, CVRx, NiCox, Novartis, Pfizer, Sanofi, Gilead, Takeda	x	X (Intercu re, Merck)	
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				

**Part 2 of 3**

Agree	Disagree	
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
		Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
		I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.
		Other relevant financial benefit or relationship

**I represent that the foregoing information is complete and truthful.**

 HENRY R. BLACK	12/16/09
---	----------

Signature of Reporting Individual

Date of Completion

Part 3 of 3			
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
			The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
			I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
			If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.





The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

### Disclosure of Conflict of Interest

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the product or services of that commercial interest.

### Criteria for Disclosure of Conflicts of Interest

Faculty, speakers, chairmen, facilitators and moderators who affect the content of a CME activity are required to disclose to the American Society of Hypertension Inc. (ASH), any financial relationships or relationships to products with commercial interests or manufacturers (over the past 12 months) associated with or discussed in their presentation. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.

Name of Reporting Individual:	Date:
C. VENKATA S. RAM, MD	12/17/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
X	Advisor/consultant	Darchi, Forest, Nicox, B-T	X		
X	Trustee board member, committee member	HINDU TEMPLE NA			
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
X	Speakers' bureau/speaking/teaching	GSK, Forest Darchi, B-T	X		
	Other relevant financial benefit or relationship				

Part 2 of 3

Agree	Disagree	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased. <i>Will try</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3

Agree	Disagree	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

I represent that the foregoing information is complete and truthful.

*C. V. S. Brown* *12/17/09*

Signature of Reporting Individual

Date of Completion

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The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

### Disclosure of Conflict of Interest

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Name of Reporting Individual:

Date:

Franz H. Messerli, MD

12/16/2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

Check (X) appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
X	Advisor/consultant	GSK, Novartis, Boehringer Ingelheim, Forest, Daiichi Sankyo, Takeda		X	
	Trustee, board member, committee member				
X	Grant/research support	Forest, Daiichi Sankyo and Boehringer Ingelheim			X
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
X	Speakers' bureau/speaking/teaching	GSK, Novartis, Boehringer Ingelheim, Forest, Daiichi Sankyo, Takeda, Aphorium, ASH		X	
	Other relevant financial benefit or relationship				

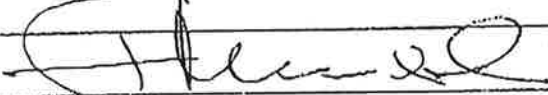
## Part 2 of 3

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
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## Part 3 of 3

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I represent that the foregoing information is complete and truthful.

	12/17/09
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Signature of Reporting Individual

Date of Completion

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The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

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Name of Reporting Individual:

Date:

Sandra J. Taler MD

December 11, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

Check {X} appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
	Advisor/consultant				
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
	Other relevant financial benefit or relationship				

Part 2 of 3		
Agree	Disagree	
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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Part 3 of 3			
Agree	Disagree	N/A	
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			If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

**I represent that the foregoing information is complete and truthful.**

<b>Sandra J. Taler MD</b>	<b>December 11, 2009</b>
---------------------------	--------------------------

**Signature of Reporting Individual**

**Date of Completion**

PLEASE RETURN TO ASH: 148 Madison Avenue, Fifth Floor, NY, New York 10016-6700 • (212) 696-9099  
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The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

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Name of Reporting Individual:

Date:

George Bakris

January 2010

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

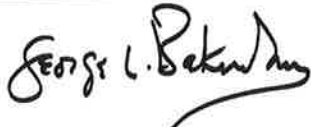
☐ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

Check {X} appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
X	Advisor/consultant	Gilead, Novartis, Walgreens, Daichi-Sankyo, BMS-Sanofi, Fibrogen, CVRx, GSK, Forest, Takeda	X		
	Trustee, board member, committee member				
X	Grant/research support	GSK, Forest		X	
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
X	Speakers' bureau/speaking/teaching	Novartis, GSK, Forest			

Page 2 of 3					
Agree	Disagree				
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.			
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		Other relevant financial benefit or relationship			

I represent that the foregoing information is complete and truthful.

	<b>December 20, 2009</b>
Signature of Reporting Individual	Date of Completion



Part 3 of 3			
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
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The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

SUZANNE OPARIL, MD

December 14, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

Part 1 of 2					
Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
	Advisor/consultant	Boehringer Ingelheim, Bristol Myers-Squibb, Daiichi Sankyo Inc., Forest Laboratories, NicOx, Novartis, Sanofi Aventis, and The Salt Institute.	X		
	Trustee, board member, committee member				
	Grant/research support	Daiichi Sankyo Inc., Forest Laboratories, Gilead, and Novartis.			X
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching	Daiichi Sankyo Inc., Forest Laboratories, Merck.		X	
	Other relevant financial benefit or relationship				

Part 2 of 2		
Agree	Disagree	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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Part 3 of 3			
Agree	Disagree	N/A	
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I represent that the foregoing information is complete and truthful.

<i>Suzanne Opale, MD</i>	12/17/09
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Signature of Reporting Individual

Date of Completion



The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

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Name of Reporting Individual:

Date:

JOHN D. BLOOMANO	12/21/09
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Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

Part 1 of 3

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			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
X	Advisor/consultant	CVRx	✓		
	Trustee, board member, committee member				
X	Grant/research support	CVRx	✓		
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
	Other relevant financial benefit or relationship				

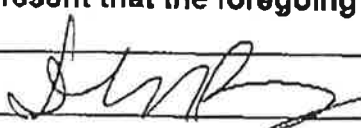
## Part 2 of 3

Agree	Disagree	
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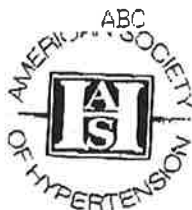
I represent that the foregoing information is complete and truthful.

	12/21/09
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Signature of Reporting Individual

Date of Completion

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The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

<i>Keth C. Ferdinand MD</i>	<i>12/17/09</i>
-----------------------------	-----------------

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### Part 1 of 3

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			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment Income/salary				
	Royalties (including trademarks or patents)				
	Advisor/consultant	<i>AstraZeneca, Forest, Roche, Pfizer Danichi Sankyo, Takeda, Novartis</i>		<input checked="" type="checkbox"/>	
	Trustee, board member, committee member				
	Grant/research support	<i>Novartis, Danichi Sankyo</i>		<input checked="" type="checkbox"/>	
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching	<i>AstraZeneca, Novartis Forest</i>			
	Other relevant financial benefit or relationship				

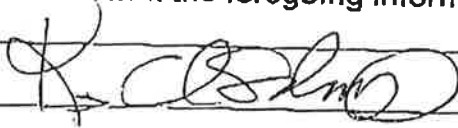
## Part 2 of 3

Agree	Disagree	
✓		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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## Part 3 of 3

Agree	Disagree	N/A	
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	12/17/09
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Signature of Reporting Individual

Date of Completion





The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

Alan H. Gradman, MD

12/18/09

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☐ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

Check {X} appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
X	Advisor/consultant	Novartis, Daiichi-Sankyo, Forest Laboratories, Merck	X		
	Trustee, board member, committee member				
X	Grant/research support	Novartis			X
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
X	Speakers' bureau/speaking/teaching	Daiichi-Sankyo, Novartis, Forest Laboratories, Merck			X
	Other relevant financial benefit or relationship				



Part 2 of 3		
Agree	Disagree	
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
		The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
		Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
		Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
		I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3			
Agree	Disagree	N/A	
			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
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			I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
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			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
			If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

**I represent that the foregoing information is complete and truthful.**

<b>Alan H Gradman</b>	<b>12-18-09</b>
-----------------------	-----------------

**Signature of Reporting Individual**

**Date of Completion**



The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

### Disclosure of Conflict of Interest

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the product or services of that commercial interest.

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Name of Reporting Individual:

Date:

<i>Daniel T. Lackland</i>	<i>12/14/09</i>
---------------------------	-----------------

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

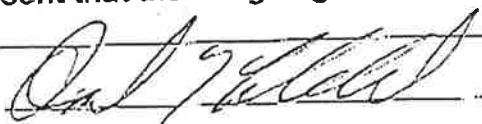
### Part 1 of 3

Check (X) Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
X	Advisor/consultant	<i>Pfizer</i>	X		
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
X	Speakers' bureau/speaking/teaching	<i>Novartis, Sanofi-Aventis</i>	X		
	Other relevant financial benefit or relationship				

Part 2 of 3		
Agree	Disagree	
		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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Part 3 of 3			
Agree	Disagree	N/A	
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X			If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

I represent that the foregoing information is complete and truthful.


12/14/09

**Signature of Reporting Individual**
**Date of Completion**



The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

Daniel Levy

12/09/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☒ I have no relationships to disclose. (Proceed to Part 2)

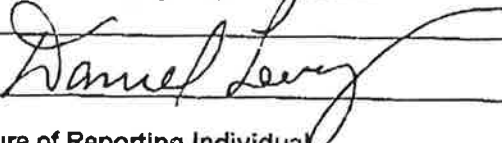
### Part 1 of 3

Check {X} appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
	Advisor/consultant				
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
	Other relevant financial benefit or relationship				

Part 2 of 3		
Agree	Disagree	
X		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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Part 3 of 3			
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I represent that the foregoing information is complete and truthful.

	12/09/09
Signature of Reporting Individual	Date of Completion



The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

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Name of Reporting Individual:

Date:

Robert A. Phillips

12/16/09

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

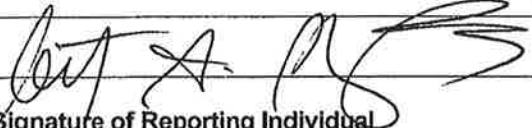
Part 1 of 3

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			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
x	Advisor/consultant	NiCox	x		
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
	Other relevant financial benefit or relationship				

Part 2 of 3		
Agree	Disagree	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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Part 3 of 3			
Agree	Disagree	N/A	
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	12/10/09
Signature of Reporting Individual	Date of Completion



The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

Addison A. Taylor, M.D., Ph.D.

12/17/2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

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			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
✓	Advisor/consultant	See attached	✓		
	Trustee, board member, committee member				
✓	Grant/research support	See attached			✓
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
✓	Speakers' bureau/speaking/teaching	See attached	✓		
	Other relevant financial benefit or relationship				



## Part 2 of 3

Agree	Disagree	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
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## Part 3 of 3

Agree	Disagree	N/A	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

I represent that the foregoing information is complete and truthful.

<i>Addison A Taylor MD</i>	12/17/2009
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Signature of Reporting Individual

Date of Completion

PLEASE RETURN TO ASH: 148 Madison Avenue, Fifth Floor, NY, New York 10016-6700 • (212) 696-9099  
Fax (212) 696-0711; [DISCLOSURES@ASH-US.ORG](mailto:DISCLOSURES@ASH-US.ORG); [www.ash-us.org](http://www.ash-us.org)

## Statement of Financial Interest

***Research Grants/Contracts in which Dr. Addison Taylor was/is either  
Primary Investigator or Subinvestigator in 2007-2008:***

Merck Research Laboratories  
Merck & Company  
West Point, PA 19486

Boehringer-Ingelheim  
900 Ridgebury Road  
Ridgebury, CT 06877

Novartis Pharmaceuticals Corporation  
One Health Plaza  
East Hanover, NJ 07936-1080

Encysive Pharmaceuticals  
4848 Loop Central Dr, Suite 700  
Houston, TX 77081

Forest Laboratories, Inc.  
St. Louis, MO 63045

Abbott Laboratories  
One Abbott Park Road  
Abbott Park, IL 60064-3500

GlaxoSmithKline  
Three Franklin Plaza  
Philadelphia, PA 19101

Sanofi Aventis  
9 Great Valley Parkway  
Malvern, PA 19355

Bristol-Myers-Squibb  
345 Park Avenue  
New York, NY

## Statement of Financial Interest, Cont.

***Pharmaceutical firms in which Dr. Addison Taylor acted as a Consultant/participated in Advisory Committee/Member of Speakers' Bureau in 2007-2008 (honoraria received in some cases):***

Novartis Pharmaceuticals Corporation  
One Health Plaza  
East Hanover, NJ 07936-1080

Merck Research Laboratories  
Merck & Company  
West Point, PA 19486

Boehringer-Ingelheim  
Binger Strasse 173, Germany

Abbott  
One Abbott Park Road  
Abbott Park, IL 60064-3500

Forest Laboratories, Inc.  
St. Louis, MO 63045



The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

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Name of Reporting Individual:

William B. White, M.D.

Date:

16 December 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

Check (X) appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary	None			
	Royalties (including trademarks or patents)	NONE			
x	Advisor/consultant	Nicox Roche Takeda Global Research	Roche - x	Nicox - x	Takeda - x
	Trustee, board member, committee member				
	Grant/research support	National Institutes of Health (NIH) Novartis Independent Research (IRG) Pfizer, Inc (Independent Grant) Teva Neurosciences (Educational Grant)	Pfizer x	Teva - x	NIH and Novartis x
	Ownership interest (stocks, excluding diversified mutual funds)	NONE			
	Ownership/partnership or principal of non-profit or for profit corporation	None			
	Speakers' bureau/speaking/teaching	Boehringer -Ingelheim		x	

Agree	Disagree	
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		Other relevant financial benefit or relationship

I represent that the foregoing information is complete and truthful.

WILLIAM B. WHITE, MD	17 December 2009
----------------------	------------------

Signature of Reporting Individual

Date of Completion

Part 3 of 3		
Agree	Disagree	N/A
		I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
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Name of Reporting Individual:

Thomas D. Giles

Date:

November 18, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☐ I have no relationships to disclose. (Proceed to Part 2)

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			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
X	Advisor/consultant	Forest (1); NicOx (2); Novartis (3); DSI (4); BI (5); Sanofi (6)	1,2,3,4,5,6		
x	Trustee, board member, committee member				
x	Grant/research support	Forest, Novartis (2)	2		1
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
x	Speakers' bureau/speaking/teaching	Forest (1)			1
	Other relevant financial benefit or relationship				

--	--	--	--

Part 2 of 3					
Agree	Disagree				
X		I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.			
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I represent that the foregoing information is complete and truthful.

Thomas D. Giles	
-----------------	--



Signature of Reporting Individual

Date of Completion

Part 3 of 3			
Agree	Disagree	N/A	
X			I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
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Name of Reporting Individual:

Date:

Myron H. Weinberger

Dec. 16, 2009

Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☒ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

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			<\$10,000	\$10,000 - \$25,000	>\$25,000
x	Employment income/salary	American Society of Hypertension Editor-in-chief JASH			x
	Royalties (including trademarks or patents)				
	Advisor/consultant				
x	Trustee, board member, committee member	American Society of Hypertension	NONE		
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
x	Speakers' bureau/speaking/teaching	Pfizer (<10,000) SCS Intramed			x x
	Other relevant financial benefit or relationship				

Part 2 of 3		
Agree	Disagree	
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			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
			If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

**I represent that the foregoing information is complete and truthful.**

<b>Myron H. Weinberger</b>	<b>Dec.16, 2009</b>
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**Signature of Reporting Individual**

**Date of Completion**

**ASH DISCLOSURE FORM FOR RESPONSIBLE PERSONS: OFFICERS,  
BOARD MEMBERS, COMMITTEE MEMBERS,  
EXECUTIVE STAFF AND LEGAL COUNSEL**

Name Michael A. Weber, MD Date 12/12/2008

**ITEM 1** Service as an Officer, trustee, board member, committee member, or consultant for other not-for-profit, or government organizations

YES Member, Board of Directors, Center for Medicine In the Public Interest (CMPI)

NO

Please list

**ITEM 2** Service as a consultant, scientific advisory committee member, or lecturer for accredited and non-accredited Continuing Medical Education (CME) events with payments from a single entity during the previous 12 months are reportable in the following income categories: (a) \$10,001-\$25,000; (b) >\$25,000

\$10,001-\$25,000

YES

NO

Please list Glaxo SmithKline, Forest

>\$25,000

YES

NO

Please list Novartis, Daiichi Sankyo, Boehringer Ingelheim,

**ITEM 3** Possession of stock, bond, or self-directed pension plan holdings in excess of \$25,000 in any for-profit, healthcare-related corporation. Investments managed solely by a third party, e.g., mutual funds are exempted from this reporting requirement

YES

NO N/A

Please list

**ITEM 4** Possession of stock options held in a for-profit, health-care related corporation

YES

NO N/A

Please list

**ITEM 5** Receipt or potential receipt of royalty income from copyrights > \$10,000

YES	
NO	N/A
Please list	
<b>ITEM 6</b>	<b>Do you have any personal or business relationship(s) that would, or may, affect the discharge of your responsibilities with the Society?</b>
YES	
NO	N/A
Please list	
<b>ITEM 7</b>	<b>Receipt or potential receipt of any non-royalty payments or entitlements to payments &gt;\$10,000 from a healthcare-related organization that are not directly related to the reasonable costs</b>
YES	
NO	N/A
Please list	
<b>ITEM 8</b>	<b>Sole ownership, partnership, or principal of a not-for-profit or of a for-profit corporation with healthcare-related activities</b>
YES	
NO	N/A
Please list	
<b>ITEM 9</b>	<b>Receipt of research grant support or in-kind support from a for-profit corporation needs to be reported if it is &gt;\$50,000</b>
YES	
NO	N/A
Please list	
<b>ITEM 10</b>	<b>Provide a description of relevant positions of any organizations or groups with which you are closely identified or associated that might represent a conflict of interest</b>
YES	
NO	
Please list	Currently an Associate Editor of Reviews in Cardiovascular Medicine, but would resign this position if appointed as Editor of JCH



The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

### Disclosure of Conflict of Interest

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the product or services of that commercial interest.

### Criteria for Disclosure of Conflicts of Interest

Faculty, speakers, chairmen, facilitators and moderators who affect the content of a CME activity are required to disclose to the American Society of Hypertension Inc. (ASH), any financial relationships or relationships to products with commercial interests or manufacturers (over the past 12 months) associated with or discussed in their presentation. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.

Name of Reporting Individual:

Date:

Gilda Caputo Hansen	12-16-09
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Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

[ ☒ ] I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

Check (X) appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
	Advisor/consultant				
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, excluding diversified mutual funds)				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
	Other relevant financial benefit or relationship				


**Part 2 of 3**

Agree	Disagree	
	<input checked="" type="checkbox"/>	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
	<input checked="" type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
	<input checked="" type="checkbox"/>	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
	<input checked="" type="checkbox"/>	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
	<input checked="" type="checkbox"/>	I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

**Part 3 of 3**

Agree	Disagree	N/A	
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**I represent that the foregoing information is complete and truthful.**

	12-16-09
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**Signature of Reporting Individual**

**Date of Completion**



The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

Melissa Levine	12/16/09
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Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☒ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

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	Advisor/consultant				
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	Grant/research support				
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	Ownership/partnership or principal of non-profit or for profit corporation				
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Part 2 of 3		
Agree	Disagree	
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Part 3 of 3			
Agree	Disagree	N/A	
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I represent that the foregoing information is complete and truthful.

<i>Melissa Linn</i>	12/16/09
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Signature of Reporting Individual

Date of Completion



The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

<b>TORRY MARK SANSONE</b>	<b>12/15/09</b>
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Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

☒ I have no relationships to disclose. (Proceed to Part 2)

### Part 1 of 3

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	Trustee, board member, committee member				
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	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
	Other relevant financial benefit or relationship				

Part 2 of 3		
Agree	Disagree	
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Part 3 of 3			
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<i>Torrey Mack Dawson</i>	<i>12/15/09</i>
Signature of Reporting Individual	Date of Completion



The American Society of Hypertension, Inc.

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Name of Reporting Individual:

Date:

Kathleen Sheiden

12/14/2009

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### Part 1 of 3

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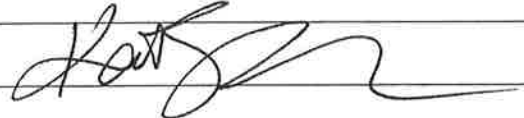
**Part 2 of 3**

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	12/14/2009
<b>Signature of Reporting Individual</b>	<b>Date of Completion</b>

**AMERICAN SOCIETY OF HYPERTENSION, INC. (ASH)  
POLICY FOR OUTSIDE SOURCE FUNDING**

Background:

*The Bylaws of The American Society of Hypertension, Inc. (ASH) state that "the mission of the Society is to promote and encourage the development, advancement and exchange of scientific information in all aspects of research, awareness, prevention, detection, treatment and control of hypertension, and related cardiovascular diseases. The Society serves as a forum for the discussion, debate and dissemination of scientific information and clinical treatment strategies for hypertension and cardiovascular health for the broadest possible array of scientific disciplines."*

*To accomplish its mission, The American Society of Hypertension, hereafter referred to as 'The Society', is dependent upon voluntary service of its elected officers, board members, and committee members to achieve its goals. The Society also recognizes that a general spirit of collaboration and cooperation among not-for-profit, for-profit and government organizations is essential for the greater good of scientific research, clinical practice, and patient health.*

Policy:

*The Society will accept funding from outside sources, ie not-for-profit, for-profit and government organizations, according to the terms set forth by the Society and with the understanding that the funding is not dependent on any term, expectation, or restriction from the outside source.*

*The Society will use funding from outside sources according to the terms set forth in the letter of agreement, or similar document, and if requested will be able to provide the outside source with a full reconciliation of the funding expenditures.*

*The Society will disclose funding from outside sources via acknowledgement in activity materials, signage, announcements, or other appropriate mechanisms depending on the nature of the activity.*

REVENUE FROM INDUSTRY  
SUMMARY 2006-2009

		2006	2007	2008	2009
ANNUAL SCIENTIFIC MEETING		\$508,350.00	\$489,985.00	\$635,104.00	\$346,525.00
CORPORATE DUES		\$262,000.00	\$165,000.00	\$250,000.00	\$150,000.00
EDUCATIONAL SERVICES		\$3,373,334.56	\$3,189,305.48	\$3,256,846.40	\$4,004,509.00
DONATION		\$1,000.00	\$1,100.00	\$7,000	\$3,250.00
TOTAL		\$4,144,684.56	\$3,845,390.48	\$4,148,950.40	\$4,504,284.00







TOTAL REVENUE RECEIVED FROM PHARMA FY 2008			
	TOTAL GRANT AMOUNT	INDUSTRY	COMMENTS
ANNUAL SCIENTIFIC MEETING			
		Bj, BMS, SANOFI AVENTIS, C/Rx, DAICHI, GSK, MERCK, NICOX, NOVARTIS, PFIZER I, FOREST, SCIELE... ETC	EXHIBITS
	\$219,500.00		
	\$38,000.00	BOEHRINGER INGELHEIM	HOTEL KEYS & LANYARDS
	\$15,000.00	LEIACQ	JOURNAL PUBLICATION OF SCIENTIFIC ABSTRACTS
	\$65,000.00	NOVARTIS	PROGRAM BOOK
	\$40,000.00	SANOFI-AVENTIS	REGISTRATION BAG SPONSORSHIP
	\$60,000.00	DAICHI SANKYO	FACULTY ACKNOWLEDGEMENT/RECOGNITION EVENT
	\$35,000.00	FOREST	SPECIAL SEMINAR PRIMARY CARE PHYSICIANS
	\$50,000.00	FOREST	PATIENT HEALTH SCREENING AND EDUCATION PROGRAM
	\$77,604.00	BLUE CROSS BLUE SHIELD	PATIENT HEALTH SCREENING AND EDUCATION PROGRAM
	\$35,000.00	NOVARTIS	PATIENT HEALTH SCREENING AND EDUCATION PROGRAM
SUB TOTAL	\$635,104.00		
CORPORATE DUES			
	\$15,000.00	ABBOTT	CORP DUES
	\$15,000.00	ASTRAZENZA	CORP DUES
	\$15,000.00	BOEHRINGER INGELHEIM	CORP DUES
	\$15,000.00	BRISTOL MYERS SQUIBB	CORP DUES
	\$15,000.00	FOREST	CORP DUES
	\$15,000.00	GLAXOSMITHKLINE	CORP DUES
	\$15,000.00	MERCK	CORP DUES
	\$15,000.00	NOVARTIS	CORP DUES
	\$15,000.00	PFIZER	CORP DUES
	\$15,000.00	SANKYO	CORP DUES
	\$50,000.00	GILEAD	NEW CORP MEMBER
	\$50,000.00	TAKEDA	NEW CORP MEMBER
SUB TOTAL	\$250,000.00		
EDUCATIONAL SERVICES:			
	73,700.00	GLAXOSMITHKLINE	SYMPOSIUM
	\$80,000.00	NICOX	SYMPOSIUM AND CORP DUES
	81,180.00	DAICHI SANKYO	SYMPOSIUM
	281,349.65	NOVARTIS	SYMPOSIUM
	394,880.00	MERCK	SYMPOSIUM AND ENDURING MATERIAL
	\$65,000.00	GILEAD	SYMPOSIUM
	81,565.00	FOREST-ADVANTAGE	SYMPOSIUM
	80,316.91	NOVARTIS	SYMPOSIUM
	\$500,000.00	PFIZER	ENDURING MATERIAL
	\$713,650.00	DAICHI SANKYO	ENDURING MATERIAL
	\$246,650.00	FOREST	ENDURING MATERIAL
	10,000.00	GLAXOSMITHKLINE- PROCOM	ENDURING MATERIAL
	12,000.00	NICOX- WOLTERS	ENDURING MATERIAL
	229,789.00	DAICHI SANKYO	ENDURING MATERIAL
	264,430.00	FOREST	SYMPOSIUM
	99,500.00	DAICHI	SYMPOSIUM
	\$12,695.84	DAICHI - SCIUS	SYMPOSIUM
	\$12,000.00	NICOX- SMI	SYMPOSIUM
	\$18,140.00	BMS	SYMPOSIUM
SUB TOTAL	3,256,846.40		
DONATIONS			
	\$7,000.00	FOREST	DONATION
SUB TOTAL	\$7,000.00		
TOTAL	\$4,148,950.40		

