



*Health Services Advisory Council*

# Public Testimony Disclosure Form

Please complete, sign and bring this form to the meeting at which you wish to address the council. Blank forms also are available at all meetings.

**Name** (please print) \_\_\_\_\_

**Affiliation** (If acronym, please spell out) \_\_\_\_\_

**Did a person or organization alert you to this meeting?**  Yes  No  
If so, whom/which one? \_\_\_\_\_

**Were you asked to speak about something specifically?** Please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you being offered financial or other incentives to attend this meeting?**  Yes  No  
If yes, please give the dollar amount or % of your income this represents. \_\_\_\_\_

**Have you been a paid speaker in the past for a company in the medical industry (including device manufacturers or biotechnology companies)?**  Yes  No  
Which company (or companies)? \_\_\_\_\_  
Do you own stock in the company (or companies) above?  Yes  No

**Have you (or the organization you represent) received research funding or other funding directly or indirectly from the medical industry (including device manufacturers or biotechnology companies) during the past 5 years?**  Yes  No  
If yes, please give the dollar amount or % of your income this represents. \_\_\_\_\_

*I hereby attest that by signing this form, the answers given above are true and complete.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2203. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.