



SOLE – The International Society of Logistics

CONFLICT OF INTEREST DISCLOSURE

YEAR: _____ POSITION: _____

OPERATING LEVEL (check one) CHAPTER DISTRICT CORPORATE

ENTITY (e.g., Chapter Management Team, Board of Directors, ExBOD, Board of Advisors, Committee): _____

FAMILY (LAST) NAME		FIRST NAME	Middle Initial	TITLE (e.g., Dr., COL)
Address		CITY	STATE	ZIP CODE
STREET		CITY	STATE	ZIP CODE

MEMBER No.	MO _____ YR _____	District <input type="checkbox"/>	Chapter <input type="checkbox"/>	Type Disclosure (check one)	<u>Annual</u>	<u>Special</u>
	DATE JOINED	CHAPTER AFFILIATION				

CERTIFICATION:
I hereby certify to the best of my knowledge that I do not have a Conflict of Interest as defined, below. Further, I have read, understood, and agree to adhere to SOLE’s Conflict of Interest Policy and SOLE’s Code of Ethics and Governance.

DATE	SIGNATURE
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DEFINITIONS

COVERED PARTIES: A "Covered Party" (or, collectively "Covered Parties") is any member of the Board of Directors, a member of the Executive Board; a member of the Board of Advisors; an officer, a Chapter Chair, any other member of a Chapter Management Team; the Chair or member of any committee of SOLE at any level; or any person being compensated by SOLE, whether directly or indirectly.

CONFLICT OF INTEREST: A Covered Party has a potential or actual conflict of interest whenever that party or a family member (which shall mean a spouse, domestic partner, sibling, ancestor, descendent or spouse of descendent) of a Covered Party: (a) has a direct or indirect ownership, investment interest or compensation arrangement in any entity with which SOLE has or is negotiating such a business relationship, contract, transaction or arrangement; (b) has a potential ownership, potential investment interest in, or a potential compensation arrangement with, any entity or individual with which SOLE has or is negotiating such a transaction, compensation arrangement, or an investment interest; (c) has any type of direct or indirect financial or compensation arrangement (including gifts or favors) with SOLE or with any entity or individual with which SOLE has a transaction or arrangement or is negotiating such a potential transaction or arrangement; or (d) any other instance whereby a Covered Party (or a family member) has taken actions or has any material direct or indirect monetary or non-monetary interest that might make it difficult, or might make it appear to be difficult, for such party to act objectively, effectively and in the best interests of SOLE.

A financial interest is not necessarily a conflict of interest. A Covered Party who has a financial interest may have a conflict of interest only if the Executive Board of Directors determines that a conflict of interest exists.

Please return two (2) original signed copies of this form to:
SOLE – The International Society of Logistics
8100 Professional Place, Suite 111
Hyattsville, MD 20785-2229
USA

Questions regarding the form can be submitted by:
Telephone – (301) 459-8446; Facsimile– (301) 459-1522; e-mail: solehq@erols.com