

Request for Vendor Presentation in the Dental School

**Append a copy of the written invitation that is being proposed for sending to the vendor's representative.*

Name of Requesting Faculty Member: _____

Vendor Name: _____

Name Vendor Representative/Presenter: _____

Date of Presentation: _____

Proposed Room Location: _____

Name and Description of Product/Device/Service:

Conflict of Interest Disclosure

Does Faculty Member have a financial relationship with vendor or have knowledge of any other faculty member having a financial relationship? (including, but not limited to, external consulting agreement, sponsored program agreement, Continuing Dental Education Presenter)

Yes ___ No ___

(If Yes, report financial relationship to Department Chair/Dean)

Description of educational value of presentation:

Description of evaluation of product and evidence of supporting clinical efficacy or other evidence for non oral health care products (attach additional documentation as needed):

Approvals:

_____ Date _____ Date _____
Department Chair Dean or Designee