

Volt-Age Conflict of Interest Declaration Form

Please complete and return	the signed form by email to: volt-age@concordia.ca
Surname:	
First name(s):	
Institution:	
City:	Province:
I hereby declare the follow	ng:
No Conflict of Interest	
Potential Conflict of Ir	terest (please specify below)
Area of Work	Nature of Interest/Conflict
Note: If you have more Corto your form listing out the	iflicts of Interest than the space above allows, please attach a separate page additional conflicts.
disclosed all interests that	e Volt-Age Conflict of Interest Policy and agree to abide by this policy. I have currently perceive as applicable in relation to my engagement with Volt-Age. ment on an annual basis as well as when new issues arise.
Date:	Signature: