KENES GROUP

CME/CPD and Compliance

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference

26-27 October 2020

First Name: Addie
Last Name: Ron
Organisation / Affiliation: ____
Professional Title / Degree: *(MD, DO, Prof, PhD, etc.)* ____
City: ____
Country: ____
E-mail: addie@iamedic.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- ☑ Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other:
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☑ No
- ☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Miamedic	☐	☐	☐	☐	☐	☐	☑	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☑ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

October 6th 2020
Date

Signature

KENES GROUP

CME/CPD and Compliance

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

ד"ר ברקת שיף-קרן
L.N. 015511 .מ.ר
Dr. Bareket Schiff-Keren

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Bareket
Last Name: Schiff keren
Organisation / Affiliation: ____
Professional Title / Degree: *(MD, DO, Prof, PhD, etc.)* MD
City: TEL AVIV
Country: ISRAEL
E-mail: bareketsc@gmail.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- ☒ Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: ____
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☒ No
- ☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☒ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

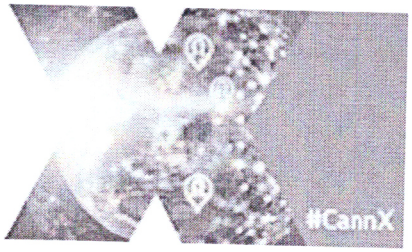
5/10/2020
Date

ד"ר ברקת שיף-קרן
L.N. 015511 .מ.ר
Dr. Bareket Schiff-Keren

CANNX

The International Medical Cannabis Conference

October 26-28, 2020 | Virtual Conference



Faculty Disclosure

X	No, nothing to disclose
	Yes, please specify:

Company Name	*Honoraria/ Expenses*	*Consulting/ Advisory Board*	*Funded Research*	*Royalties/ Patent*	*Stock Options*	*Ownership/ Equity Position*	*Employee*	*Other (please specify)*
Example: company XYZ	x		x		x			

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Bonni
Professional Title / Degree: *(MD, DO, Prof, PhD, etc.)* MD
Last Name: Goldstein
City: Los Angeles
Organisation / Affiliation: Canna-Centers
Country: USA
E-mail: bgoldsteinmd@canna-centers.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- X Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: _____
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☐ No
- ☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Zelira Therapeutics	☐	X☐	☐	☐	☐	☐	☐	
Weedmaps.com	☐	X☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☐ No
- X☐ Yes, please specify: I will be speaking about the use of cannabinoids in the treatment of childhood diseases

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

09/16/2020
Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: David **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* Prof.
Last Name: Nutt **City:** London
Organisation / Affiliation: Professor, Imperial College London, UK **Country:** United Kingdom **E-mail:** d.nutt@imperial.ac.uk

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- ☐ Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: _____
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☐ No
- ☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
British National Formulary	☐	☐	☐	☐	☐	☐	☐	Advisor
British Neuroscience Association - European Brain Council	☐	☐	☐	☐	☐	☐	☐	Past President
European College of Neuropsychopharmacology	☐	☐	☐	☐	☐	☐	☐	Past President
DrugScience [UK]	☐	☐	☐	☐	☐	☐	☐	Chair
International Centre for Science in Drug Policy	☐	☐	☐	☐	☐	☐	☐	Member
Journal of Psychopharmacology	☐	☐	☐	☐	☐	☐	☐	Editor
Ranvier, Opiant, COMPASSPathways, AWAKN, Psyched Wellness	☐	☐	☐	☐	☐	☐	☐	Member
Lundbeck, BMS/Otsuka, Janssen, Takeda	☐	☐	☐	☐	☐	☐	☐	Speaking honoraria
Lundbeck International Neuroscience Foundation, Chair Campus editorial board	☐	☐	☐	☐	☐	☐	☐	Member

Wellcome Trust, MRC	☐	☐	☐	☐	☐	☐	☐	Grants or clinical trial payments
P1vital, Alcarelle, AKAKN, Psyched Wellness Director Equasy Enterprises	☐	☐	☐	☐	☐	☐	☐	Share options

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

☐ No

☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

02.10.2020

Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Donald **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* MD
Last Name: Abrams **City:** San Francisco
Organisation / Affiliation: University of California San Francisco **Country:** USA **E-mail:** Donald.Abrams@ucsf.edu

What is Your Role(s) in this CME/CPD: *(check all that apply)*

☐ Scientific/Education Planning Committee
x Poster/Oral Presenter
☐ Kenes Project Management & CME
☐ Invited Speaker/Faculty
☐ Board of Directors
☐ Other: _____
☐ Session Moderator/Chair/Coordinator
☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

☐ No
X Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
AXIM	☐	x	☐	☐	☐	☐	☐	Consulting fees (Inactive)
Cannformatics	☐	x	☐	☐	x	☐	☐	
Lumen	☐	x	☐	☐	x	☐	☐	
Maui Wellness	x	x						Inactive
Scriptyx		x						Consulting fees (Inactive)
Spectrum	x							Speaker honorarium
Tikun Olam	☐	x	☐	☐	☐	☐	☐	Consulting fees (Inactive)
VIVO Cannabis	☐	X	☐	☐	☐	☐	☐	Consulting fees (Inactive)
CannX	x							Speaker honorarium (planned)

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

☐ No
X Yes, please specify: Cannabis is a mostly illegal substance

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

September 10, 2020

Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Dustin
Professional Title / Degree: *(MD, DO, Prof, PhD, etc.)* DO
Last Name: Sulak
City: Falmouth
Organisation / Affiliation: Healer, Inc
Country: USA
E-mail: drsulak@healer.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☒ Invited Speaker/Faculty
- ☐ Session Moderator/Chair/Coordinator
- ☐ Poster/Oral Presenter
- ☐ Board of Directors
- ☐ Committee (CME, Research, other)
- ☐ Kenes Project Management & CME
- ☐ Other: _____

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☐ No
- ☒ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Healer, Inc.	☐	☐	☐	☒	☒	☒	☒	
Zelira Therapeutics	☐	☒	☐	☐	☐	☐	☐	
COR Analytics	☐	☒	☐	☐	☐	☐	☐	
Spectrum Therapeutics	☒	☐	☐	☐	☐	☐	☐	
Society of Cannabis Clinicians	☐	☒	☐	☐	☐	☐	☐	
Patients Out of Time	☐	☒	☐	☐	☐	☐	☐	
CannX 2020 Virtual Conference	☒	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☒ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

September 18, 2020

Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Fabricio **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* PhD
Last Name: Pamplona **City:** Florianopolis
Organisation / Affiliation: Proprium Health, Science & Technology **Country:** Brazil **E-mail:** fabriciopamplona@gmail.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- X Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: ____
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

☐ No
X Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Proprium	☐	☐	☐	☐	☐	X	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

X No
☐ Yes, please specify:

Declaration and Signature

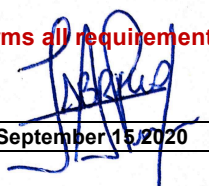
All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.



September 15/2020

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Franjo
Professional Title / Degree: *(MD, DO, Prof, PhD, etc.)* MD
Last Name: Grotenhermen
City: Steinheim
Organisation / Affiliation: IACM
Country: Germany
E-mail: info@cannabis-med.org

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- X☐ Invited Speaker/Faculty
- ☐ Session Moderator/Chair/Coordinator
- ☐ Poster/Oral Presenter
- ☐ Board of Directors
- ☐ Committee (CME, Research, other)
- ☐ Kenes Project Management & CME
- ☐ Other: _____

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☐ No
- X☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
MYCB1	☐	X☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- X☐ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

22.09.2020
Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Hinanit **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* Prof
Last Name: Koltai **City:** Rishon LeZion
Organisation / Affiliation: ARO, Volcani Center **Country:** Israel **E-mail:** hkoltai@agri.gov.il

What is Your Role(s) in this CME/CPD: *(check all that apply)*

☐ Scientific/Education Planning Committee
☐ Poster/Oral Presenter
☐ Kenes Project Management & CME
x Invited Speaker/Faculty
☐ Board of Directors
☐ Other: _____
☐ Session Moderator/Chair/Coordinator
☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

☐ No
x Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Plantext	☐	☐	X	☐	☐	☐	☐	
MEDC BIOPHARMA	☐	☐	X	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

☐x No
☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

07092020
Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Jeffrey **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* MD
Last Name: Hergenrather **City:** Sebastopol,
Organisation / Affiliation: Society of Cannabis Clinicians **Country:** USA **E-mail:** jhergmd@gmail.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- X☐ Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: ____
- X☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

☐ No

X☐ Yes, please specify: My spouse and I have invested as stockholders in a start up company, Regen West in Sebastopol, CA, USA. This company has not yet produced any product for sale to patients.

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Regen West	☐	☐	☐	☐	☐	X☐	☐	stockholder
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

X☐ No

☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

Jeffrey Hergenrather, MD 30Sept2020
Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Manuel **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* PhD
Last Name: Guzmán **City:** Madrid
Organisation / Affiliation: Complutense University of Madrid **Country:** Spain **E-mail:** mguzman@quim.ucm.es

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☒ Invited Speaker/Faculty
- ☐ Session Moderator/Chair/Coordinator
- ☐ Poster/Oral Presenter
- ☐ Board of Directors
- ☐ Committee (CME, Research, other)
- ☐ Kenes Project Management & CME
- ☐ Other: _____

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☐ No
- ☒ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Zelda Therapeutics	☒	☒	☒	☐	☐	☐	☐	Ended July, 2020
Fundación Canna	☒	☒	☐	☐	☐	☐	☐	
GW Pharma	☐	☐	☐	☒	☐	☐	☐	
Phytoplant Res	☐	☐	☐	☒	☐	☐	☐	
Yissum	☐	☐	☐	☒	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☒ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

Madrid, September 9, 2020 **Prof. Manuel Guzmán, PhD**

Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Marta **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* PhD
Last Name: Vázquez **City:** Montevideo
Organisation / Affiliation: Faculty of Chemistry **Country:** Uruguay **E-mail:** mvazquez@fq.edu.uy

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- X Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: _____
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☒ No
- ☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☒ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

13/9/2020

Marta Vázquez

Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Michelle
Last Name: Sexton
Organisation / Affiliation: UCSD
Professional Title / Degree: *(MD, DO, Prof, PhD, etc.)* ND
City: San Diego, CA
Country: USA
E-mail: msexton@ucsd.edu

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- ☒ Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: ____
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☐ No
- ☒ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Versea LLC	☐	☒	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☒ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed

to participants.

September 29, 2020

Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Sharon **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* PhD
Last Name: Sznitman **City:** Haifa
Organisation / Affiliation: University of Hafa_____ **Country:** Israel **E-mail:** Sznitmans@gmail.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- x☐ Invited Speaker/Faculty
- ☐ Session Moderator/Chair/Coordinator
- ☐ Poster/Oral Presenter
- ☐ Board of Directors
- ☐ Committee (CME, Research, other)
- ☐ Kenes Project Management & CME
- ☐ Other: _____

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

x☐ No
☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

x☐ No
☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

7.9.2020
Date

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Siddappa **Professional Title / Degree:** *(MD, DO, Prof, PhD, etc.)* PhD
Last Name: Byrareddy **City:** Omaha
Organisation / Affiliation: University of Nebraska Medical Center **Country:** USA **E-mail:** sid.byrareddy@unmc.edu

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☒ Invited Speaker/Faculty
- ☐ Session Moderator/Chair/Coordinator
- ☐ Poster/Oral Presenter
- ☐ Board of Directors
- ☐ Committee (CME, Research, other)
- ☐ Kenes Project Management & CME
- ☐ Other: ____

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☒ No
- ☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Cellularity	☐	☐	☒	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☐ No
- ☒ Yes, please specify: CBD/Cannabis

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

10/4/2020
Date

KENES GROUP

CME/CPD and Compliance

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Dr. UMA
Last Name: DHANABALAN
Professional Title / Degree: *(MD, DO, Prof, PhD, etc.)* MD, MPH FAAFP
City: Cambridge MASSACHUSETTS
Country: USA
E-mail: MAO CMS
Organisation / Affiliation: Global Health & Hygiene Solutions, LLC Uplifting Health and Wellness gmail.com

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- ☒ Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other:
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- ☐ No
- ☒ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
GHHS, LLC	☐	☐	☐	☐	☐	☒	☐	Founder/CEO
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- ☒ No
- ☐ Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

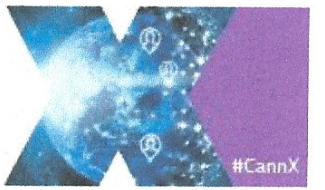
Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

Sept 11. 2020
Date

CANNX

POWERED BY: Shizim Cann10

The International
Medical Cannabis Conference
October 26-28, 2020 | Virtual Conference



Faculty Disclosure

	No, nothing to disclose
X	Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Example: company XYZ	x		x		x			
GHHS, LLC						x		CEO Founder

Sept 11. 2020

GHHS, LLC
Global Health & Hygiene Solutions, LLC.
DBA Uplifting Health & Wellness

777 Concord Ave Suite 106
Cambridge Massachusetts
U.S.A

CME/CPD Conflict of Interest (COI) Disclosure Form (manual)

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

5th International Medical Cannabis Conference
26-27 October 2020

First Name: Vincent **Professional Title / Degree:** Associate Professor, MD, MSc, BSc
Last Name: Maida **City:** Toronto
Organisation / Affiliation: University of Toronto **Country:** Canada **E-mail:** vincent.maida@utoronto.ca

What is Your Role(s) in this CME/CPD: *(check all that apply)*

- ☐ Scientific/Education Planning Committee
- ☐ Poster/Oral Presenter
- ☐ Kenes Project Management & CME
- x☐ Invited Speaker/Faculty
- ☐ Board of Directors
- ☐ Other: ____
- ☐ Session Moderator/Chair/Coordinator
- ☐ Committee (CME, Research, other)

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 3 years

Conflict of interest resolution and disclosure to learners:

- If an individual refuse to disclose, they are disqualified from participating
- Disclosure information is reviewed, and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

☐ No
x☐ Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
VinSan Ther Inc	☐	☐	☐	☐	☐	x☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

☐ No
x☐ Yes, please specify: Proprietrary Topical Cannabis-Based Medicines for Integumentary & Wound Management

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide (Conflict of Interest (COI) Disclosure Slide) and verbally disclose (including if nothing to disclose) at beginning of presentation

Date below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

September 16, 2020
Date