SEANC Code of Ethics

And

Conflict of Interest Disclosure Form

I acknowledge receipt of the Code of Ethics and Conflict of Interest Policy. I understand that it is my responsibility to report a potential conflict of interest. A potential conflict of interest exists if, after reading the SEANC Code of Ethics and Conflict of Interest Policy, any reasonable interpretation of the policy would suggest an individual would be unable to meet the obligations of the policy.

This consent form should reflect interest or acts as a SEANC Officer, director, employee, or member that may interfere with the Code of Ethics and Conflict of Interest policy. Individuals with a conflict of interest will receive further instruction from an appropriate member of leadership.

Name: _____
(Print)

Name: _____
(Signature)

Position/Affiliation: _____

Date: _____