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**Conflict of Interest Disclosure Statement**

Please complete this Statement and return it to the President of the Chapter of Meeting Professionals International (“MPI”).

I hereby acknowledge that I have: (1) received a copy of the MPI policy manual, including its policy on conflicts of interest (the “Policy”); read and understood the Policy; and (3) agree to comply with the Policy.

I agree to keep this information up to date and promptly report any actual or potential conflict of interest that is required to be disclosed under the Policy.

Capitalized terms referenced below shall have the same meaning given to such terms in the Policy.

1. All entities and my title in which I hold a position as director, trustee, officer, owner (either as a sole proprietor or partner), member, or employee and with which MPI has a relationship or is a competitor:
2. Any other situation which poses or may pose a conflict of interest, including any Transaction or Material Financial Interest, including such Transactions or Material Financial Interests involving a Family Member.

The foregoing information is correct and complete to the best of my knowledge.

Dated:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_