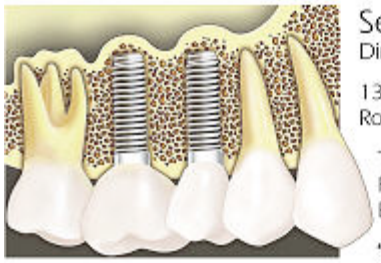

Seattle Study Club of Atlanta
Director: Colin Richman, D.M.D.

1305 Hembree Road, Suite 104
Roswell, Georgia 30076

Telephone: 770.442.1010
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"Committed to Excellence in Dentistry"

Conflict of Interest Statement, Image Authenticity, and Contract

It is the policy of the Seattle Study Club of Atlanta that all speakers sponsored by our Club shall complete a conflict of interest statement regarding any interest in a company or a product related to the program as a part of the Speaker's Agreement with our Club. Further, any portion of the following information can be shared with the membership and/or attendees to gain perspective of the program.

In accordance with this policy, I, _____ declare that I have no proprietary, financial or other personal interest of any nature or kind in any product, service and/or company that will be discussed or considered during the proposed program, **except the following:** _____
_____
_____

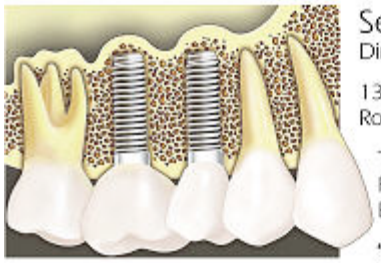
I declare that I have no proprietary, financial or other personal interest of any nature or kind in any firm beneficially associated with any product and /or service that will be discussed or considered during the proposed program, **except the following:** _____
_____
_____

I declare that I have no past or present financial interest, consulting position or other involvement of any nature or kind related to the program that could give rise to even a suspicion of a conflict of interest, **except the following:** _____
_____
_____

Further more, I understand and agree that as a condition for participating as a speaker at the Seattle Study Club of Atlanta sponsored program, I will exercise particular care that no detriment to the Study Club will result from conflicts between my interests and those of the Seattle Study Club of Atlanta.

Having read and understood this policy and having completed this statement to the best of my knowledge and belief, I agree to be bound by the terms hereof.

_____ _____
Signature of speaker Date



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Affidavit of Image Authenticity

I, _____, instructor for the educational program entitled, _____,to be presented on _____ , declare that all visual images, electronic or otherwise, used by me or my associates during this program, to the best of my knowledge have not misrepresented or falsified the treatment outcome. However, if any corrections to images have been made to better demonstrate an educational topic, these corrections will be fully explained and disclosed to the audience so as to ensure that no member of the audience believes that the image presented was not in its natural state. All evidence based research presented is in English.

Description of images altered for educational purposes;

_____
_____
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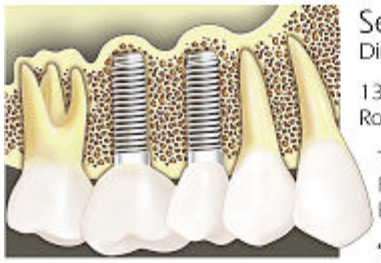
I submit that the above is true and accurate on this dated of _____ .

Name (printed):_____

Signature:_____ Date:_____



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Speaker Contract

Today's date:
Name:

Thank you for accepting our invitation to participate in our Seattle Study Club of Atlanta Program. Our club is looking forward to the experience and your contributions in our quest for knowledge.

Topic:
Time:
Honorarium: $
Airfare up to $900 round trip economy class ticket:
Hotel: one night (we will make arrangements):
Misc. expenses up to $100:
Audio-Visual equipment requirement:
1.
2.
3.
4.
Handout: Please email your handout, in PDF format, to t cr27@drcolinrichman.com, at least three weeks prior to your presentation. This will be distributed to our membership through our study club website: www.sscofatlanta.com.

This letter will serve as confirmation of our agreement. If the above meets with your approval, please keep one copy for your records and sign and return one copy in the envelope provided.

Agreed and accepted by:

_____ _____

Colin Richman DMD
Director: Seattle Study Club of Atlanta