

**Conflict of Interest Statement: Calendar Year 2016**

Name Jennifer Anderson Position President Elect

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

American Medical Technologies  
Fennmore Craig Attorneys

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative   | Business Relationship | Company Name |
|------------|-----------------------|--------------|
| <u>N/A</u> |                       |              |
|            |                       |              |
|            |                       |              |
|            |                       |              |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

Jennifer Anderson  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name COLLEEN SPILLER Position DIRECTOR OF COMMUNICATIONS

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

MOLNLYCKE HEALTH CARE

---

---

---

---

---

---

---

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative | Business Relationship | Company Name |
|----------|-----------------------|--------------|
|          |                       |              |
|          |                       |              |
|          |                       |              |
|          |                       |              |
|          |                       |              |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

Colleen L Spiller  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name TERRY BARTON Position nomination's chair

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

---

---

---

---

---

---

---

---

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

**Relative**

**Business Relationship**

**Company Name**

---

---

---

---

---

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

Terry Barton  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name Nelle 'Nancy' Scott Position Director of Awards

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

none

---

---

---

---

---

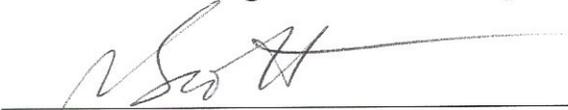
---

---

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative    | Business Relationship | Company Name |
|-------------|-----------------------|--------------|
| <u>none</u> |                       |              |
|             |                       |              |
|             |                       |              |
|             |                       |              |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

  
\_\_\_\_\_  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name Marthe Dandson Position President

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

Vanderbilt University Medical Center

---

---

---

---

---

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative    | Business Relationship | Company Name |
|-------------|-----------------------|--------------|
| <u>None</u> |                       |              |
|             |                       |              |
|             |                       |              |
|             |                       |              |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

Marthe Dandson  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name Angela Graham Position Secretary

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

None

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative  | Business Relationship | Company Name |
|-----------|-----------------------|--------------|
| <u>NA</u> |                       |              |
|           |                       |              |
|           |                       |              |
|           |                       |              |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

Angela Graham  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name Pamela S. Whitley Position Treasurer

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

None

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative    | Business Relationship | Company Name |
|-------------|-----------------------|--------------|
| <u>None</u> |                       |              |
|             |                       |              |
|             |                       |              |
|             |                       |              |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

Pamela S. Whitley  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name BERNIE MABERNA Position MANAGER

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

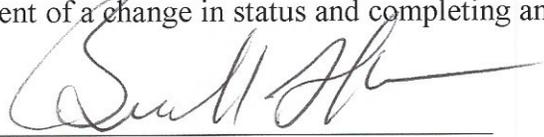
NONE

WEBMASTER FOR MID ATLANTIC REGION

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative             | Business Relationship | Company Name     |
|----------------------|-----------------------|------------------|
| <u>PATTI MABERNA</u> | <u>SPOUSE</u>         | <u>COLOPLAST</u> |
|                      |                       |                  |
|                      |                       |                  |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name Elaine Rush Position Director Con Services Planner

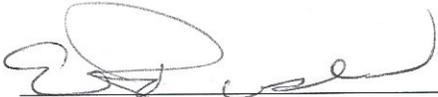
List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

St Francis Wound Healing Center  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative | Business Relationship | Company Name |
|----------|-----------------------|--------------|
| _____    | _____                 | _____        |
| _____    | _____                 | _____        |
| _____    | _____                 | _____        |
| _____    | _____                 | _____        |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

  
\_\_\_\_\_  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)

**Conflict of Interest Statement: Calendar Year 2016**

Name Renee Epting Position Director of Special Projects

List all sources of personal income anticipated during the upcoming calendar year, including wages, honoraria, consulting fees, royalties, and stock dividends that are from health-related companies. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

Expert Witness for several attorneys (Columbia & Charleston) in SC

---

---

---

---

---

---

---

Please indicate if any member of your immediate family has a personal business interest in a health related business that may pose a potential conflict of interest for you during your term of office on the board of directors. Should the Southeast Region conduct business with any of these companies, you will be asked to refrain from voting on issues pertaining to these companies.

| Relative | Business Relationship | Company Name |
|----------|-----------------------|--------------|
|          | <u>NONE</u>           |              |
|          |                       |              |
|          |                       |              |
|          |                       |              |

This form may be amended at any time during the calendar year by notifying the President of a change in status and completing an updated form.

Renee Epting  
Signature of Board Member or Officer

By checking this box, I am providing my electronic signature approving all information entered above. (Please enter name on signature line above.)