

## IASP Conflict of Interest Form

1. I understand that International Association for the Study of Pain (the "Organization") is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

2. I have received, read and understand the Organization's Conflict of Interest Policy. I agree to its terms and my actions have and will continue to be guided thereby.

3. I make the following disclosures as to business and/or professional activities in which I or an immediate family member hold an owner, officer, board member, partner, employee or other beneficiary position: **Example: Officers of a Chapter or SIG, Advisory Boards or a voting member.**

| NAME OF ORGANIZATION(S):                                | POSITION HELD:     | BY WHOM: |
|---|--------------------|----------|
| American Society of Regional Anesthesia & Pain Medicine | Board of Directors | S. Cohen |
| American Academy of Pain Medicine                       | Board of Directors | S. Cohen |
|   |                    |          |
|   |                    |          |
|   |                    |          |
|   |                    |          |

4. During the period from **August 2017 – present**, I have not, to the best of my knowledge and belief, been in a position of possible conflict of interest, except as follows: **Example: Any type of compensation agreement such Grants or stipend from a Pharmaceutical Company.**

**FINANCIAL INTERESTS** If none, mark here  If any, please describe below.  
 Scilex, SPR Therapeutics, Persica, Avanos (ongoing), Abbott & Sorrento (not in past year)- All consultants

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**USE OF PRIVILEGED INFORMATION** If none, mark here  If any, please describe below.

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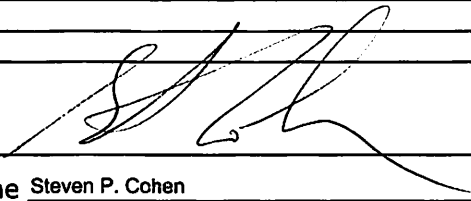
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Date: 2-1-2021 Signature   
 Printed Name Steven P. Cohen