


CONFLICTS OF INTEREST POLICY ACKNOWLEDGMENT

I have read the approved Conflicts of Interest policy and agree to comply fully with its terms and conditions at all times during my service as a Living Globes Society Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the Living Globes Society Board of Directors in writing.

Disclosure of Actual or Potential Conflicts of Interest:

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Signature:  _____
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Name: _____ Mirella Spritzer _____

Date: ___April 30, 2023_____