

**Weill Cornell Medicine-Qatar
Speaker/Participation Agreement**

This Speaker/Participation Agreement ("Agreement") is entered into by and between Weill Cornell Medical College in Qatar ("WCMC-Q") and Yasser al-Hamidi ("Speaker/Participant"). With the intent to be legally bound, WCMC-Q and Speaker/Participant agree to the following:

Date(s) and Time(s) of Engagement: April 13, 2015 1:30 – 2:30 pm

Topic or Title: "3D printing and 3D technologies"

Location(s): Grand Heritage Hotel, Doha Qatar

Recording of Engagement by WCMC-Q (Check one):

- ☒ No Rights: No recording of the Speaker/Participant's content or material is planned or permitted.
- ☐ Limited Rights: Speaker/Participant permits WCMC-Q to record the Engagement in audio, video or other media format. Speaker/Participant warrants that it is the sole owner of (or has the rights to use) the content and materials presented and grants WCMC-Q a limited, free, perpetual, non-exclusive, irrevocable license to use the text and recordings of the content and materials only for internal WCMC-Q use and replay in any medium as WCMC-Q desires.
- ☐ Unlimited Rights: Speaker/Participant permits WCMC-Q to record the Engagement in audio, video or other media format. Speaker/Participant warrants that it is the sole owner of (or has the rights to use) the content and materials presented and grants WCMC-Q a limited, free, perpetual, non-exclusive, irrevocable license to use and commercialize the text and recordings of the content and materials in any medium as WCMC-Q desires.

Representations. Speaker/Participant is solely responsible for all content and material presented in connection with the Engagement and shall ensure that all third party material is covered by a permission, release, or license to enable Speaker/Participant to grant the rights above.

This Agreement shall be effective when signed by both parties.

Weill Cornell Medicine-Qatar

**Ellen N. Sayed, MLS, M.Acc, AHIP
Director, Distributed eLibrary
Weill Cornell Medicine-Qatar**

Speaker/Participant



Yasser al-Hamidi

**Laboratory Manager
Texas A&M in Qatar**

Date: _____

Date: Oct. 28th, 2015



FULL DISCLOSURE FORM FOR SPEAKERS, PLANNERS, MANAGERS AND REVIEWERS OF CONTINUING MEDICAL EDUCATION ACTIVITIES

Name of CME Activity: Emerging Technologies in Libraries
 Date of Activity: April 11 - 13, 2016
 Targeted Audience: Staff, Faculty, Researchers, Librarians, Library Technicians, ILS students
 Educational Objectives: Describe, explain and engage with new technologies to lead to an improvement in the quality of medical care in Qatar and elsewhere.

CRITERIA FOR DISCLOSURE OF FINANCIAL RELATIONSHIPS

In accordance with ACCME and Cornell CME guidelines, instructors, planners, and managers who affect the content of a CME activity are required to disclose financial relationships they have with commercial interests over the past 12 months. A *commercial interest* is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Relationships with governmental agencies (e.g., the NIH) and organizations that do not fit the above definition do not have to be disclosed. Also, you must disclose relevant financial relationships your spouse or life partner has with commercial interests. Disclosure of spousal/partner information should be included as well in the table below. In accordance with ACCME requirements, failure or refusal to provide disclosure information in a timely manner will result in the disqualification of your participation in this activity. If you have additional questions about completing this form, please contact the Cornell CME office at 212-746-2631, or you may review these guidelines at www.accme.org.

I. I am a: ☒ speaker ☐ Course Director ☐ Co-Course Director ☐ reviewer/ICR ☐ planner ☐ Coordinator

II. If you are a presenter, do you intend to discuss any unlabeled/unapproved use of drugs or products? Yes ☐ No ☒

III. Types of financial relationships and the companies with whom I have relationships are as follows:

Check Appropriate Boxes	Type of Financial Relationship (within the past 12 months) Include spousal/life partner relationships	Indicate Applicable Manufacturers or Commercial Entities
<input type="checkbox"/>	Employee	
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty, Receipt of Intellectual Property Rights / Patent Holder	
<input type="checkbox"/>	Ownership Interest (stocks, stock options, or other ownership interest <u>excluding diversified mutual funds</u>)	
<input type="checkbox"/>	Supported/Contracted Research	
<input type="checkbox"/>	Consulting Fees (e.g., advisory boards), Honoraria	
<input type="checkbox"/>	Speakers' bureaus	
<input type="checkbox"/>	Other	

IV.

☒ I HAVE NO FINANCIAL RELATIONSHIPS TO DISCLOSE FOR EITHER MYSELF OR MY SPOUSE/LIFE PARTNER (if applicable).

V.

(WHEN APPLICABLE)

Will your presentation include discussion of products or services of any or all of the commercial interests you noted above?

Yes ☐

No ☐

N/A ☒

If yes, please list the products and/or services: _____

I represent that the foregoing information is complete and truthful. I am aware of the educational objectives of this activity, and have read and agree to abide by Weill Cornell and CCME Guidelines for CME faculty and planners as outlined in WCMC Form CMEG-3A. (Guidelines can be found <http://cme.med.cornell.edu>.) In addition, I am aware that my presentation must be evidence based, and free from bias towards any commercial entity or manufacturer. If there are any changes in my relationships between now and the time of the activity, I will inform the course director prior to the presentation. The Weill Cornell CME program will disclose the above information to participants, and reserves the right to review your educational materials prior to your presentation.

PARTICIPANT'S NAME (Please print): Yasser Al-Hamidi

Signature of Participant: _____

Date Signed: Oct. 28th, 2015
 (must be signed prior to the presentation)

Revised 6/20/11