

Official Rules and Policies
Pertaining to the

North American Fetal Therapy Network

www.NAFTNet.org

Adopted April 20, 2012 and Amended October 20, 2012

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I. MISSION

A. The primary mission of the NAFTNet is to;

A.1. Provide a cooperative clinical research network to study the natural history of fetal disease

A.2. Develop therapeutic prenatal interventions to improve outcomes

B. The secondary missions of the NAFTNet include:

B.1. Function as an educational resource for patients and healthcare providers

B.2. Train future leaders in clinical and basic science research in the field of fetal intervention

II. ORGANIZATIONAL STRUCTURE

A. BOARD OF DIRECTORS

A.1. Membership

- A.1.1. 9 members
- A.1.2. Obstetricians active in fetal intervention
- A.1.3. Pediatric medical or surgical Subspecialists active in fetal intervention
- A.1.4. Officers
 - A.1.4.1. Chairperson
 - A.1.4.2. Vice-Chairperson
 - A.1.4.3. Treasurer/Trustee
 - A.1.4.4. Secretary
- A.1.5. No more than 2 members may be from the same Center

A.2. Function

- A.2.1. Administrative support for Network
- A.2.2. Establish guidelines for study submission
- A.2.3. Initial screening of study concept proposals
- A.2.4. Educational development
- A.2.5. Promote the mission through website development
- A.2.6. Establish financial support for Network activities from outside resources infrastructure
- A.2.7. Oversight of Steering Committee Activities
- A.2.8. Set annual membership dues and requirements
- A.2.9. Change bylaws as needed by 2/3 majority vote of the Board
- A.2.10. Administer disciplinary action
- A.2.11. Develop and maintain systems to centralized Network records and data management
- A.2.12. Report to Steering Committee administrative activities biannually

B. STEERING COMMITTEE B.1.

Membership

- B.1.1. Representatives from Fetal Treatment Centers in North America having active clinical programs in fetal therapy

B.1.2. Appointment

B.1.2.1. Centers will designate a principal voting member and an alternate to the Steering Committee

B.1.2.2. Appointment is predicated on Centers participation in NAFTNet supported clinical trials

B.1.2.3. Board members may attend as non-voting members of the Steering Committee unless he/she is the designated member or alternative for that center at that meeting

B.1.3. Chairperson

B.1.3.1. Elected by 2/3 majority of Steering Committee

B.1.3.2. 3 year appointment

B.1.3.3. Is the principal designee from a Fetal Therapy Unit actively participating in the Network clinical trials.

B.1. 4. Ad Hoc Members

B.1.5.1. Statistical Data Management: Elizabeth Thom

B.1.5.2. Ethics Consultant: Frank Chervenak, Laurence McCullough

B.1.5.3. Panel of Subspecialists to assist Board in initial study protocol review

B.1.5.3.1. Pediatrics

B.1.5.3.1.1. Cardiology

B.1.5.3.1.2. Urology/Nephrology

B.1.5.3.1.3. Infant Developmental

B.1.5.3.1.4. Neurology/Neurosurgery

B.1.5.3.1.5 Other Subspecialists as needed

B.1.5.3.2. Pathology, Laboratory Medicine

B.1.5.3.3. Epidemiology

B.1.5.3.4. Clinical Genetics

B.2. Function

B.2.1. Review submitted research proposals

B.2.2. Advise and serve as a resource and provide guidance to Principle Investigator (PI) for ongoing NAFTNet supported trials

B.2.3. Provide PI with mentoring support for proposal revision and refinement prior to final study presentation and submission

B.2.4. May serve on Study Oversight Committees if funded and requested by PI

- B.2.5. Establish and participate in the following subcommittees
 - B.2.5.1. Publication/Ancillary Study
 - B.2.5.2. Education & Website
 - B.2.5.3. Training
 - B.2.5.4. Membership:
 - B.2.5.4.1 Subcommittee is charged with establishing qualifications for NAFTNet membership
 - B.2.5.4.2. Composed of 3 members from the Executive and 3 members from the Steering committee
 - B.2.5.5. Board members may participate on other subcommittees

B.3. Participation:

The active participation of each Center on the Steering Committee will be reviewed annually at one of the twice-annual meetings. Repeated refusal of a Center to participate in NAFTNet approved protocols will be brought to the attention of the Board for review and possible disciplinary action that may result in non-renewal of that Center's invitation to serve on the Steering Committee once their service term is completed. A Center's willingness to participate in studies will be demonstrated by copies of their letters of approval of NAFTNet protocols by their local Investigational Review Board (IRB) that will be on file with the study Principal Investigator and NAFTNet administration and available for annual review.

- B.3.1. Annual dues must be received by January 1st of each calendar year. Centers who fail to remit dues by March 31st are not permitted to attend the Spring Conference. Centers who fail to remit dues by July 1st will not be allowed to retain NAFTNet membership.

C. MEETINGS

- C.1. Meetings are closed, limited to the members of the Board and Steering Committee, invited Ad hoc members and investigators presenting study proposals.
- C.2. Held Biannually
 - C.2.1. April and October (Typically the 3rd Saturday of the month). Refer to Bylaws Article III.3.8.
 - C.2.2. Board Meeting will be held the evening prior to the Steering Committee Business Meeting
 - C.2.3. The April Meeting is typically designated as the Annual Meeting for elections. Refer to Bylaws Article III.3.8.

- C.3. Members and investigators presenting study proposals are responsible for their own travel and hotel expenses.

D. NETWORK UNITS

- D.1. Centers will be added after approval of the Membership Subcommittee as a “Member Center”. The Membership Subcommittee may ask the Board to vote on final recommendations. A single majority of the Subcommittee or Board is required. As the Network grows, regional specialization to facilitate study evaluations, interventions, data coordination and collection, and specimen acquisition may be considered. To foster increased membership, keep all current requirements for Member Positions removing the former 20 member limit and allowing 2 new centers per year (Board can say 3 without sending recommendation back to Membership Committee for recrafting). 2-3 Member per year limits allows for gradual growth giving time for EC to plan adequate facilities and rules for meetings. All approvals are based on submission date of a complete application, not on date of inquiry.
- D. 2. Annual documentation of antenatal ultrasound volume with diversity of detected fetal structural or physiologic malformations and selective fetal intervention will be provided by all NAFTNet member centers (Appendix 1).
- D.2.1. Annual submission of data is due by January 31st of the next calendar year. Centers who fail to submit data by March 31st are not permitted to attend the Spring Conference. Centers who fail to submit data by July 1st will not be allowed to retain NAFTNet membership.
- D.2.2. President of the Executive Board is the only individual who has access to center data. All other members will only have access to aggregate data posted on web site.
- D.3. All active Centers will have password-limited access to a secured section of NAFTNet website that lists ongoing supported studies, principal investigators, study coordinators, contact information and study protocols.

E. RESEARCH PROPOSAL SUBMISSION

E.1. Study Concept Proposal

- E.1.1. Content (Appendix 2)
- E.1.2. Application must be typed in 11 point font, single-spaced, with one inch margins. The length of the proposal is not to exceed 2 pages.
- E.1.3. Submitted electronically as an attachment to the Executive Committee Chairperson
- E.1.4. Deadline for Concept Form Proposal Submission
 - E.1.4.1. February 1st for Spring Meeting
 - E.1.4.2. August 1st for Fall Meeting
- E.1.5. Chairperson will distribute proposals to Executive Board for blinded review as they are received
- E.1.6. The Chairperson will distribute a copy of the proposal with all identifiers removed to the Board for review. A simple majority approval moves the study proposal forward to the Steering Committee
- E.1.7. Chairperson or designee will notify applicant of acceptance within 30 days of receiving proposal and invite the applicant to present complete research proposal and answer questions at the next scheduled Steering Committee meeting. Questions and concerns about the proposal may be included in the notification letter.
- E.1.8. Rejection of the initial concept proposal will be sent to the applicant within 30 days of proposal receipt. Reasons for rejection will be included.

E.2. Research Proposal

- E.2.1. PI of accepted concept proposal will submit a research study proposal to Executive Chairperson who will forward to Steering Committee members. Proposal must be received 30 days prior next scheduled meeting (i.e. March 15th, September 15th) (Appendix 3)
- E.2.2. Oral proposal presentation will be in PowerPoint and not to exceed 20 minutes followed by open discussion and questions with the SC
- E.2.3. A majority (> 50%) of an anonymous vote is needed for consideration to advance to final proposal

- E.2.4. Steering Committee will provide guidance and feedback to improve proposals regardless of vote outcome
 - E.2.5. Fast Track: If an investigator has a completed grant proposal in final format that they wish to submit for funding, but would like to submit to NAFTNet for support, the completed grant proposal may be submitted in place of the research study proposal with a request for “Fast Track” status. If after review, the Steering Committee Chairperson believes the proposal does not require major revisions and should be considered for approval, the Chairperson will distribute the proposal to the Steering Committee members for “Fast Track” review and vote at the next meeting. A “Fast Track” proposal is one that can gain final NAFTNet approval at its initial review by a 2/3rds majority of the Steering Committee in an effort to help the investigator increase their chances of obtaining study funding. If, however, the proposal does not achieve approval, it may be submitted for standard NAFTNet review and approval process as noted above.
- E.3. If a proposal gains initial approval to move forward, the final research proposal should be returned to the Steering Committee Chairperson within 1 year of the date of initial approval in standard format, and 90 days prior to subsequent committee meeting.
- E.4. The Steering Committee Chairperson appoints a 4-person reviewer sub-committee.
- E.4.1. A copy of the final proposal is sent to each member of the sub-committee for review.
 - E.4.2. There will be a conference call between the members of the sub-committee within 30 days of receipt of final proposal to discuss potential weaknesses of study. Ongoing feedback will be given to the PI by the subcommittee following each revision until all issues are resolved and the subcommittee feels it is ready for final presentation.
 - E.4.3. The sub-committee spokesperson will provide the Steering Committee Chairperson with a written copy of the sub-committee review addressing revisions 30 days prior to next scheduled meeting.
 - E.4.4. The sub-committee members will remain as primary reviewers and advisors to the proposed study, potentially to serve on study Steering

or Oversight Committee, if requested by the PI, once submitted and awarded by a granting agency.

E.4.6. The PI will submit the final edited research proposal within 30 days of the next meeting (March 15, September 15) for distribution and review by the full Steering Committee.

E.4.7. The PI will re-present the proposal to the next Steering Committee meeting outlining changes made to address the issues raised at the initial presentation. Following further discussion, the study proposal will be voted on for Network support. An anonymous vote with a 2/3 majority will result in approval for Network support

E.4.8. Once research proposal has gained support from the Steering Committee; the Board Chairperson will send a letter of Network's commitment to participate to the PI to accompany any submitted grant applications or requests for funding. Information about participating NAFTNet Centers and NIH Biographical Profiles of the designated primary NAFTNet member from the centers will be available to the study PI to download from the NAFTNet website to accompany their funding application.

III. BUSINESS PLAN

A. BUDGET

- A.1. NAFTNet will be established as a Non-profit Foundation
 - A.1.1. A 513 application will be maintained
 - A.1.2. The Foundation funds will managed by the NAFTNet Treasurer
 - A.1.3. Article of Organization with an official Tax ID number will be established
 - A.1.4. An independent Accounting firm will be hired to audit account annually or as required by law; firm to be announced

- A.2. Estimated Operational Expenses
 - A.2.1. Meetings ~ \$12,000/year (two meetings/year)
 - A.2.1.1. Conference room
 - A.2.1.2. Refreshments
 - A.2.1.2 Travel and lodging expenses for Ad Hoc Members
 - A.2.2. Website maintenance ~ \$2,500/year
 - A.2.3. Infrastructure maintenance including accounting, legal, and other expenses ~ \$3,500/year

B. INITIAL FUNDING FOR NETWORK DEVELOPMENT

- B.1. Annual Commitment:
 - B.1.1. Board of Director Centers ~ \$2,500/Center
 - B.1.2. Steering Committee ~ \$2,000/Center;
 - B.1.2.1. Centers with members on Board and Steering Committee will pay EC dues only

- B.2. Annual dues will be adjusted by the Board based on projected budget, present deficits, and projected revenue generated by external sponsoring agencies or industry, and projected revenue from dues based on the number of NAFTNet participating Centers.

- B.3. Funding from non-member agencies or funding sources will receive website acknowledgement and link to their respective commercial or nonprofit website.

Appendix 1: NAFTNet Annual Report Form

Center:	
Date:	
Calendar Year 2005	
Diagnostic Imaging Procedures	Numbers
Ultrasounds; Complete Initial Anatomic Survives	
Fetal MRI	
Fetal echocardiography	
Diagnostic Invasive Procedures	Numbers
Genetic amniocentesis	
Chorionic villus sampling	
Fetal blood sampling	
Available Procedures	Please Indicate Below
Fetal Shunts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vesicoamniotic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thoracoamniotic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pleuroamniotic (for CCAM)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peritoamniotic (abdominal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnostic Fetoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fetal Cystoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percutaneous fetal cardiac interventions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amniotic Band Resection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laser Photocoagulation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiofrequency Ablation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bipolar Umbilical Cord Occlusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Umbilical Cord Ligation	<input type="checkbox"/> Yes <input type="checkbox"/> No
EXIT Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hysterotomy for: (please indicated below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningomyelocele	<input type="checkbox"/> Yes <input type="checkbox"/> No
Congenital Cystic Adenomatoid Malformation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sacrococcygeal teratoma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anomalies and interventions	Numbers
Amniotic band	
# diagnosed	
# treated w/fetosopic release	
# therapeutic abortions	

Fetal neck mass	
# diagnosed	
# treated w/EXIT procedure	
# therapeutic abortions	
Structural congenital heart disease (exclude isolated VSD or ASD)	-----
# diagnosed	
# treated with balloon dilation in utero	
# therapeutic abortions	
# Other interventions (specify)	
Fetal cardiac arrhythmias	-----
Congenital heart block	
# diagnosed	
# treated with maternal dexamethasone	
# therapeutic abortions	
SVT	
# diagnosed	
# treated with maternal medications	
# therapeutic abortions	
Chest lesions	-----
CCAM	
# diagnosed	
# treated with shunt	
# treated with open fetal surgery	
# EXIT to resection delivery	
# therapeutic abortions	
Bronchopulmonary sequestration	
# diagnosed	
# therapeutic abortions	
Pleural effusions	
# diagnosed	
# treated with thoracocentesis	
# treated with shunt	
# therapeutic abortions	
Diaphragmatic hernia	
# diagnosed	
# treated with open fetal surgery	
# treated with intratracheal balloon	
# EXIT to ECMO delivery	
# therapeutic abortions	
Abdominal wall defects	
Gastroschisis	

# diagnosed	
# therapeutic abortions	
Omphalocele	
# diagnosed	
# therapeutic abortions	
Lower urinary tract obstruction	
# diagnosed	
# treated with shunt	
# treated with fetoscopic ablation of valves	
# therapeutic abortions	
Meningomyelocele	
# diagnosed	
# treated with open fetal surgery	
# therapeutic abortions	
Sacroccocygeal teratoma	
# diagnosed	
# treated with open fetal surgery	
# treated with thermal ablation	
# therapeutic abortions	
Non-immune hydrops	
# diagnosed	
# treated with maternal medications	
# Other therapies (specify)	
# therapeutic abortions	
Red cell alloimmunization	
# diagnosed	
# patients treated with IUT's	
total number of IUT's performed	
# therapeutic abortions	
Platelet alloimmunization	
# treated with maternal IVIG therapy	
# treated with platelet transfusions	
total number of platelet transfusions	
# therapeutic abortions	
Multiple gestation	
Twin-twin transfusion	
# diagnosed	
# treated with only w/amnioreduction	
# treated with only septostomy	
# treated with only laser	

# treated with bipolar coagulation	
# treated with RFA	
# treated with cord ligation	
# therapeutic abortions of entire gestation	
Discordant anomalies	
# diagnosed	
# treated with cardiotoxic medications	
# treated with cord ligation	
# treated with RFA	
# treated with bipolar coagulation	
# therapeutic abortions of entire gestation	
Discordant IUGR	
# diagnosed	
# treated with bipolar coagulation	
# treated with RFA	
# treated with cord ligation	
# therapeutic abortions of entire gestation	
TRAP sequence	
# diagnosed	
# treated with bipolar coagulation	
# treated with unipolar coagulation	
# treated with RFA	
# treated with interstitial laser	
# therapeutic abortions of entire gestation	
# of additional EXIT procedures for other diagnoses	

Appendix 2: NAFTNet Study Concept Proposal Outline

(Proposal submission format: 11 point font, 1.5 line spacing and not to exceed 2 pages)

Primary investigator:

Date:

Primary hypothesis and research question:

Secondary hypotheses:

Background and significance of problem to be studied:

Study design

- Study population
- Inclusion criteria
- Exclusion criteria
- Study methodology
- Study methods
- Sample size calculation

Plans for long-term follow-up (methods and length of follow-up)

Please indicate if you are requesting “FAST TRACK” review

Appendix 3: Research Proposal Outline to be presented to NAFTNet Steering Committee
(Proposal submission format: 11 point font, 1.5 line spacing and not to exceed 7 pages.)
(Oral powerpoint presentation to the Steering Committee not to exceed 20 minutes)

Primary investigator:

Date:

Primary hypothesis and research question:

Secondary hypotheses:

Background and significance of problem to be studied:

Study design:

- Study population
(Include number of patients, inclusion and exclusion criteria and number of centers that would be involved in enrolling patients)
- Study methodology:
(Should include type of study. If randomized trial, state method of randomization, whether central or center-specific randomization will be used, stratification or other methods to assure balance, and concealment methods. Define the primary study outcome in sufficient detail to demonstrate that it is clinically relevant, free of bias and measurable in all subjects. State whether interim analyses will be undertaken and for a randomized trial, describe the data and safety-monitoring plan, including formation, location, frequency of review, and criteria that will be used to terminate the study. Are there any special skills or services that will be necessary at centers that enroll patients? How will the PI “certify” centers regarding these skills?).
- Sample size calculation and statistics to be used
(Include alpha and beta values to be used).

Plans for long-term follow-up:
(Methods and length of follow-up)

Are there any potential maternal or fetal ethical concerns regarding this study? (Outline):

Procedures for informed consent and adverse event reporting:

Proposed time table to complete the study and demonstration of feasibility:

Budget:
(Include description of time commitment and personnel needs at participating NAFTNet centers, and potential funding mechanisms for this support)

Please indicate if special reviewers should evaluate this proposal:
(Example: pediatric neurology, pediatric cardiology, etc.)

THE NORTH AMERICAN FETAL THERAPY NETWORK DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

In order for NAFTNet to operate with full credibility in providing a cooperative clinical research network to study the natural history of fetal disease, develop therapeutic prenatal interventions to improve outcomes and function as an educational resource for patients and healthcare providers, it is important that even appearances of conflicts of interest between individual's economic and personal interests and the integrity of NAFTNet activities be avoided. Additionally, conflicts of interest are a potential source of legal liability for NAFTNet.

Conflicts of interest occur when an individual, immediate family member or business associate has a material interest in a company; product or service in which that individual participates is affected by a NAFTNet activity. Conflicts of interest may be real, in that the economic or other interest influences the individual's actions, or may be only perceived, in which case others may believe that the interest precludes unbiased behavior.

NAFTNet, therefore, has established a formal system of disclosure and avoidance of conflicts of interest. This policy applies to Executive and Steering Committee members.

1. Committee members subject to this policy shall file a statement annually or upon request from NAFTNet Executive committee disclosing any material interest in a company, service, product or other concern that might be affected by that individual's NAFTNet, activities. Examples of such interests are: financial interests such as stock ownership (not including "mutual funds" over which the individual has no control); substantial gifts; employment; consultancy arrangements; faculty appointments; arrangements with medical, scientific, or related publishers to write articles or to provide editorial services; pharmaceutical investigation or research support; or honoraria.
2. The disclosure shall include interests of the individual, his or her immediate family (spouse, siblings, parents, and children) and known interests of business associates. In most cases, the interest will be financial, but it may be personal or organizational.
3. The statements shall be files with the Executive Committee Secretary and shall be confidential, except that the Chairpersons of the Executive and Steering Committees shall have access to the statements for the purpose of subcommittee member assignment.
4. If any subject is discussed or presented for consideration to the Executive or Steering Committee that creates a conflict between any personal or other extra-NAFTNet interests and NAFTNet responsibilities, the individual will agree to disclose the nature of the potential conflict of interest to all present and will agree not to participate in discussion of that subject in any capacity, unless specifically requested to participate by the person responsible for that activity. A determination will be made if the potential conflict is material at the time of the potential conflict disclosure. If the individual is asked to participate in further discussion, the potential conflict will be noted in the minutes. An individual who does not excuse himself / herself from an activity may be asked to do so.

5. Committee members also must strictly adhere to the NAFTNet's confidentiality policy and shall not disseminate information discussed and generated through their NAFTNet activities until a final document or report is issued.
6. The Executive Committee and Steering Committee Chairperson will review and decide any questions of conflicts of interests that arise.

It is important that all persons subject to the conflict of interest policy understand the importance of full cooperation with this policy to assure maximum integrity of NAFTNet actions and minimize NAFTNet's legal liability.

I have read the above statement and agree to disclose any potential conflict of interest with NAFTNet activities.

Date

Please PRINT name

Signature

Approved by NAFTNet Executive Committee, 11/29/05

THE NORTH AMERICAN FETAL THERAPY NETWORK

**CONFIDENTIALITY POLICY
FOR
EXECUTIVE AND STEERING COMMITTEE MEMBERS**

Unless specifically stated otherwise, information discussed and generated in the NAFTNet Executive and Steering Committee meetings must be kept confidential until a final document or report is issued. Members should not discuss publicly or privately specific details about study proposals or ongoing projects. Confidentiality is necessary to avoid spreading misinformation or release of information that may compromise acceptance from private or public funding agencies for research concepts that have been submitted or are under active review. Until the process of generating a document formulating the NAFTNet position has been completed, the network's stand on a particular research project or question as it pertains to fetal therapy is subject to change. In addition, NAFTNet positions may have commercial impact and premature release of information could be used by third parties, such as friends and associates of Executive or Steering Committee members for personal benefit.

A related but equally important issue is an action by an Executive or Steering committee member on the basis of the NAFTNet's "insider" information, taken before that information is made public. When such action economically or academically benefits the individual, it raises a serious conflict of interest issue.

I agree to adhere to the NAFTNet's confidentiality policy.

Date

Please PRINT name

Signature

Approved by NAFTNet Executive Committee, 11/29/05

**THE NORTH AMERICAN FETAL THERAPY NETWORK
CONFLICT OF INTEREST DISCLOSURE**

I, _____, as a member of the The North American Fetal Therapy Network (NAFTNet): _____ Executive Committee _____ Steering Committee to the best of my knowledge, I have no material interest, nor does any business associate or anyone in my immediate family, that poses a potential conflict of interest with my current NAFTNet activities, except as follow:

_____ **None** _____ **Yes** (please list below)

Commercial Vendor: _____
 Medical Director, Advisor to; Other _____
 Specify _____)

Journal, Periodical: _____
 Editor, Assoc Editor, Owner; _____
 Other (specify _____)

Significant Ownership: _____
 (Significant % Position) (____%)

If any subject is discussed or presented to me for consideration that creates a conflict between any personal or other extra-NAFTNet interests and my NAFTNet responsibilities, I agree to disclose the nature of any potential conflict of interest to the Executive and/or Steering Committee members present. I will not participate in discussion of that subject in any capacity, unless specifically requested to participate by the person responsible for that activity. A determination will be made if the potential conflict is material at the time of my disclosure. If I am asked to participate in further discussion, the potential conflict will be noted in the minutes of the committee meeting.

I understand that a material interest is any financial, personal, professional, or institutional interest that would be judged by the majority of my peers to be more than casual and have impact upon my ability to exercise independent judgment in NAFTNet activities.

I agree to adhere to the NAFTNet’s confidentiality policy.

_____ **Date** _____ **Please PRINT name** _____ **Signature**

RETURN TO THE NAFTNet EXECUTIVE COMMITTEE SECRETARY

Approved by NAFTNet Executive Committee, 11/29/05