

## Request for Vendor Presentation

Name of Requesting Faculty Member: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Name and Email: Vendor Representative/Presenter: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Proposed Room Location: \_\_\_\_\_

Will food be provided?  Yes  No

This presentation will be  virtual  in-person

**Name and Description of Product/Device/Service:**

**Conflict of Interest Disclosure**

Does Faculty Member have a financial relationship with vendor or have knowledge of any other faculty member having a financial relationship? (including, but not limited to, external consulting agreement, sponsored program agreement, Continuing Dental Education Presenter)

Yes  No

(If Yes, report financial relationship to Department Chair/Dean)

**Description of educational value of presentation:**

**Description of evaluation of product and evidence of supporting clinical efficacy or other evidence for non oral health care products (attach additional documentation as needed)**

**List products being evaluated.**

Approval:

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
Program Director/Dept Chair Dean or Designee

\*Append a copy of the written invitation that is being proposed for sending to the vendor's representative