CONFLICT-OF-INTEREST DISCLOSURE QUESTIONNAIRE (ASOR)

The term “affiliated persons” in this Questionnaire includes the following:

- Any immediate family member,
- Any corporation, partnership, organization or other entity of which you are an officer, director, and/or partner or own, directly or indirectly, 10% or more of any class of equity securities and/or other ownership units, or
- Any trust or other estate in which you have a substantial beneficial interest or of which you serve as a trustee, executor, representative, agent and/or other similar capacity.

1. Name (please print) ________________________________________________

2. Capacity within ASOR:  ( ) board of trustee  ( ) executive committee  ( ) officer
   ( ) committee member  ( ) ASOR staff  ( ) other, specify: ________

3. Have you or any of your affiliated persons provided services or property to ASOR in the past twelve months?  ( ) yes  ( ) no
   If yes, please describe the nature and value of the services or property provided.
   __________________________________________________________________________________________
   __________________________________________________________________________________________

4. Have you or any of your affiliated persons purchased services or property from ASOR in the past twelve months?  ( ) yes  ( ) no
   If yes, please describe the nature and value of the services or property purchased.
   __________________________________________________________________________________________
   __________________________________________________________________________________________

5. Have you or any of your affiliated persons had a direct or indirect interest in any business transaction(s) in the past twelve months to which ASOR was a party.  ( ) yes  ( ) no
   If yes, describe the transaction(s):
   __________________________________________________________________________________________
   __________________________________________________________________________________________
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6. Were you or any of your affiliated persons indebted to pay money to ASOR at any time in the past year (other than travel advances or the like)?  ( ) yes  ( ) no

If yes, please describe the indebtedness.

__________________________________________________________________________________________

7. In the past twelve months, did you or any of your affiliated persons receive, or were entitled to receive, directly or indirectly, any benefits resulting from your relationship with ASOR in the aggregate value of over $1,000 that were not compensation directly related to your duties to ASOR?  ( ) yes  ( ) no

If yes, please describe the benefit(s).

__________________________________________________________________________________________

8. Are you or any of your affiliated persons a party to, or have an interest in, any pending legal proceedings involving ASOR?  ( ) yes  ( ) no

If yes, please describe the proceeding(s).

__________________________________________________________________________________________

9. Are you aware of any other events, transactions, arrangements, agreements, relationships, or other situations that you believe should be examined by ASOR’s board or the executive committee in accordance with the terms and intent of ASOR’s conflict-of-interest policy? E.g., if you are a member of the board of trustees of another learned society or of one of ASOR’s affiliated research centers, please describe the situation.  ( ) yes  ( ) no

If yes, please describe the situation(s).

__________________________________________________________________________________________

I HEREBY CONFIRM I have read and understand ASOR’s Conflict-of-Interest Policy, and my responses to the above questions are complete and correct to the best of my knowledge and belief.

__________________________________________________________________________________________

Signature  Date