

**AMERICAN HEART ASSOCIATION**  
Record of Abstention Form

As a member of the AHA Board of Directors, Committee, Council, Task Force or Group, the following is a record of my disclosure of a direct or indirect conflict of interest and abstention from discussion and voting on the matter at this meeting.

Please turn in your completed Record of Abstention form to the staff representative for the meeting for inclusion in the meeting minutes.

Name of board, council, committee or group: \_\_\_\_\_

Please describe the conflict of interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)