

SUMMIT POINTE CONFLICT OF INTEREST DISCLOSURE FORM

Contractor/Consultant/Business Associate

Summit Pointe requires all contractors, consultants and business associates to disclose any actual or potential Organizational Conflict of Interest. Please answer all questions. Do not leave any question blank.

A. DEFINITIONS:

1. "Organizational Conflict of Interest" means that because of the other activities or relationships with other persons, a contractor/consultant/business associate is unable or potentially unable to render impartial assistance or advice to Summit Pointe, or the contractor/consultant/business associate's objectivity in performing the contract work is or might be otherwise impaired.
2. "Family Member" is a spouse, domestic partner, grandparent, parent, child, grandchild, brother or sister you or your spouse, as well as any spouse or domestic partners of these individuals.

B. DISCLOSURES:

Entity/Group/Company Name:	
Representative Name:	
Representative Title:	

1. Do you or any family member now hold or have you held in the past, a position as a director, trustee, board committee member, officer or employee of Summit Pointe?

- No Yes - Explain on Page 2

2. Do you or any Family Member now, or have had in the past, any personal loans, advances or other indebtedness to Summit Pointe?

- No Yes - Explain on Page 2

3. Do you or any Family Member have a joint ownership interest in any corporation partnership or trust with an individual who is also a director, trustee, board committee member, officer or employee of Summit Pointe?

- No Yes - Explain on Page 2

4. Are you or any family member a party to any other contract with Summit Pointe other than the one referenced above?

- No Yes - Explain on Page 2

5. Is any employee, contractor or business associate of your company a current or prior director, trustee, board committee member, office or employee of Summit Pointe?

- No Yes - Explain on Page 2

If you checked Yes to any questions #1-#5 above, please provide a detailed description of the actual or potential Organizational Conflict of Interest on Page 2 of this form in the space provided.

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If you checked Yes to any questions #1-#5 on Page 1 of this form, please provided a detailed description of the actual or potential organizational conflicts of interest below (if none, so state):

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C. Certification:

By signing this form you certify that:

1. You have disclosed all actual or potential Organizational Conflicts of Interest.
2. You will inform Summit Pointe Immediately of any actual or potential Organizational Conflicts of Interest that develop during the term of your contract or consulting agreement.

Signed:	
Printed:	
Date:	

For Internal Use Only

Reviewed by (Signature):	
Reviewed by (Print Name):	
Date Signed:	
Disposition:	