The Indianapolis Garden Club, Inc.

Board of Directors

Conflict of Interest Information Form

Name: _____ Date: _____

Position: _____

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in the Indianapolis Garden Club, Inc. Conflict of Interest Policy adopted November 11, 2009) arising.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of the Indianapolis Garden Club, Inc. that is currently in effect.

Signature: _____ Date: _____