

**The American Brain Foundation**  
**Conflict of Interest Disclosure Statement**

Please complete this Statement and return it to the Chair of the Governance Committee.

I hereby acknowledge that I have: (1) received a copy of the Organization's Conflict of Interest and Disclosure Policy ("Policy"); (2) read and understood the Policy; and (3) agree to comply with the Policy.

The information set forth below is correct and complete to the best of my knowledge. During the time I am a director, officer, or Key Person of the Organization, I agree to keep this information up to date and promptly report any actual or possible Interest that is required to be disclosed under the Policy.

**I hereby disclose:**

- (1) All entities in which I hold a position as director, trustee, officer, owner (either as a sole proprietor or partner), member, or employee and with which the Organization has a relationship:

None

- (2) Any transaction in which the Organization is or may be a participant and as to which I may have a conflicting interest, either personally or through my Relative or business:

None

- (3) Any other situation which poses or may pose a conflict of interest.

None

Dated: 2.15.23

Name: Alyx Porter MD, FAAN

Signature: *Alyx Porter MD*