# Confidentiality Agreement for Guests/Observers

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I am allowed to attend the FEU-NRMF IERC meeting and/or supervised access to the FEU-NRMF IERC files as a/an\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In the course of the meeting of the FEU-NRMF IERC and opening of FEU-NRMF IERC files, some confidential information may be disclosed or discussed. Upon signing this form, I agree to take reasonable measures to keep the information as **confidential**.

| Date of FEU-NRMF IERC Meeting | | | : | <mm/dd/yyyy> | |
| --- | --- | --- | --- | --- | --- |
| FEU-NRMF IERC Meeting Number | | | : |  | |
| Purpose of attendance/access | | | : |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
| **GUEST/ OBSERVER** |  | Name | | | <Title, Name, Surname> | |
| Date: <mm/dd/yyyy> |  | Signature | | |  | |
| **IERC SECRETARY** |  | Name | | | <Title, Name, Surname> | |
| Date: <mm/dd/yyyy> |  | Signature | | |  | |
| **IERC CHAIR** |  | Name | | | <Title, Name, Surname> | |
| Date: <mm/dd/yyyy> |  | Signature | | |  | |