



Confidentiality Agreement Form for Guest Attendees to RERB Meetings

I, _____, understand that I am allowed to attend the RERB meeting as a guest or an observer. In the course of this meeting, some confidential information may be disclosed or discussed. Upon signing this form, I agree to take the necessary measures to keep the information as confidential, and to be held responsible if any leak occurred within the sphere of my discretion.

Indicate the details (date and number) of the RERB Meeting(s) attended:

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Signature of the Guest or Observer

Date: