**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: ………………………………………….

AFFILIATION: ……………………………………….

**DISCLOSURE**

❑ I have no potential conflict of interest to report

❑ I have the following potential conflict(s) of interest to report

|  |  |
| --- | --- |
| **Type of affiliation / financial interest** | **Name of commercial company** |
| Receipt of grants/research supports: |  |
| Receipt of honoraria or consultation fees: |  |
| Participation in a company sponsored speaker’s bureau: |  |
| Stock shareholder:  |  |
| Spouse/partner: |  |
| Other support (please specify): |  |

**Signature: Date:**