# Appendix 3 FESSH – Conflict of Interest & Disclosure Form

Event name: …………………………………………

Date of event: …………………………………………

Location: …………………………………………

Name of declarant: …………………………………………

Affiliation: …………………………………………

**Role in the event (please tick):**

☐ Organiser

☐ Scientific Committee Member

☐ Faculty

☐ Other: …………………………………………

**Conflict of Interest Declaration (please choose one):**

☐ I declare that I have NO conflict of interest related to the sponsors of this event.

☐ I declare that I have the following potential conflicts of interest to disclose:

- Receipt of grants/research support: …………………………………………

- Receipt of honoraria or consultation fees: …………………………………………

- Participation in a company-sponsored speakers’ bureau: …………………………………………

- Stock ownership: …………………………………………

- Spouse/partner relationships: …………………………………………

- Other support (please specify): …………………………………………

Signature: …………………………………………

Date: …………………………………………