

EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education – EACCME®

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

AFFILIATION:	
■ I have the following potential conflict(s) of interest to rep	ort
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: 15.3.2021