

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Astrid Scholten	
DISCLO	<u>SURE</u>
v I have no potential conflict of interest to repor	t
lacksquare I have the following potential conflict(s) of int	terest 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: March 25 2021
0.0	Date: Waren 23 2021