

EUROPEAN UNION OF MEDICAL SPECIALISTS 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)

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In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

	DISCLOSURE		
☐ I have no potential conflict of interest to report			一、日本の数数は大きかり
X□ I have t	the following potential conflict(s) of interest to	o report	
Type of affiliation / financial interest		Name of commercial company	
Receipt of g	grants/research supports:		
Receipt of honoraria or consultation fees: Ismar Healthcare I		Ismar Healthcare NV-SA	
Participation in a company sponsored speaker's bureau:			The state of the s
Stock share	holder:		
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Other supp	ort (please specify):		THE REAL PROPERTY.
Signature:	The live	Date: 28/8/2018	

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