

## 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 :Youssef ZeidanAME :AME :AME :AME :	
DISCLOSU	<u>RE</u>
x I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interes	st 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 bure	eau:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: Jan 28, 2021