Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: FRANTISEK DUSEK

AFFILIATION: FAC MÉD, CHARLES UNIVERSITY

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

☐ I have the following potential conflict(s) of interest 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: 09-JUN-2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: NORTEN H. BESTLE

AFFILIATION: NORDSJJALLANDS HOSPITAL, UNIVERSITY OF COPENHAGEN

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 10/6/2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Thomas Langer

AFFILIATION: University of Milan, Italy

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Thomas Langer

Date: 11/06/2019