**Conflict of Interest Disclosure Form**

(this form must be completed by each chair, speaker and member of the scientific/organising committee)

|  |
| --- |
| Title of Event: |
|  |
| Date(s) of Event: |
|  |
| 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 company |
| Receipt of grants/research supports: |  |
| Receipt of honoraria or consultation fees: |  |
| Participation in a company sponsored speaker’s bureau: |  |
| Stock shareholder: |  |
| Extraordinary expense support for spouse/partner |  |
| Other (please specify) |  |

|  |  |
| --- | --- |
| Name |  |
| Medical Council or Professional Body  |  |
| Medical Council or Professional Body Registration Number |  |
| Connection to this event |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.