



International Master Course on Aging Science

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EVENT NAME IMCAS ASIA 2020 YEAR 2020
 YOUR FULL NAME PAISAL RUMMANEETHORN EVENT DATE MONTH JUN

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- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report:

Name of commercial entity/ organization	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)
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2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Date 15 Feb 2020

Signature: Paissal Rummaneeethorn