

Scientific Board Conflict of Interest (COI) Disclosure

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All COI disclosures are available on the IMCAS website, under the concerned conference.

EVENT NAME **IMCAS PARIS** YEAR **2020**
 YOUR FULL NAME **SINNA RAPHAEL** EVENT DATE MONTH

Conflict of Interest (COI) Disclosure (tick appropriate)

- 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)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

I hereby agree with the **IMCAS COI POLICY**, clearly stated on imcas.com and therefore attest the accuracy of the information given above

Date .. **20/01** .. /2020

Signature 