



International Master Course on Aging Science

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EVENT NAME IMCAS WORLD CONGRESS 2020

EVENT DATE | YEAR IMCAS 2020
MONTH JANUARY

YOUR FULL NAME MANUEL DARIO FRANCO

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)
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2 NOVARTIS	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
3 ELY LILLY	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
4 ABBVIE	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

Date 22.07.2019

Signature Manuel Dario Franco