



International Master Course on Aging Science

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EVENT NAME IMCAS CONGRESS

EVENT DATE YEAR 2020
MONTH JAN/FEB

YOUR FULL NAME DR. VIRAL DESAI

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"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<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 09/09/2019

Signature

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