



International Master Course on Aging Science

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EVENT NAME IMCAS WORLD CONGRESS 2020 YEAR 2020
 YOUR FULL NAME BERTHOUD RAANY EVENT DATE MONTH Jan / Feb

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 <u>MEDT</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <u>IPSEN</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <u>CROMA</u>	<input type="checkbox"/>	<input checked="" 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 19 / 11 / 19

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