

Scientific Board Conflict of Interest (COI) Disclosure

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EVENT NAME IMCAS 2020 YEAR 2020
 YOUR FULL NAME Aimilios Lallas MONTH January

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 29 / 11 / 2019


 Signature