



International Master Course on Aging Science

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EVENT NAME IMEAS WORLD CONGRESS
2020 EVENT DATE YEAR 2020
MONTH Feb.
YOUR FULL NAME THOMAS RAPPLE

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 22.10.2019

Signature

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