



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 .....

#### 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	<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](http://imcas.com) and therefore attest the accuracy of the information given above.

Date 18/07/2019

Signature

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