



International Master Course on Aging Science

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EVENT NAME **IMCAS WORLD CONGRESS 2021**

EVENT DATE | YEAR 2021
MONTH JANUARY

YOUR FULL NAMEGARSON.SEBASTIEN.....

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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Date 31/08/20
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Signature