

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Signature:	Date: July 26, 2019
Other support (please specify):	
Spouse/partner:	
Stock shareholder:	
Participation in a company sponsored speaker's bureau:	
Receipt of honoraria or consultation fees:	
Receipt of grants/research supports:	
Type of affiliation / financial interest	Name of commercial company
☐ I have the following potential conflict(s) of interest to	report
✓ I have no potential conflict of interest to report	
DISCLOSURE	
In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission or made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, ho imbursement of expenses in relation to the LEE has been provided.	e, whether due to a financial or other of the application. Declarations also must be of the LEE, or on the website of the conorarium or arrangement for re-
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