

## EUROPEAN UNION OF MEDICAL SPECIALISTS 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)

| NAME: MACIET SOBATA  |
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| AFFILIATION: POLISH WORKED MANDEMENT ASSCIATION  |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by relationship, must be a second accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by relationship, must be a second accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by relationship, must be a second accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by relationship, must be a second accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by relationship must be a second accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by relationship must be a second accordance with a second accordance with the contraction of the cont |

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

## **DISCLOSURE**

| I have no potential conflict of interest to repor    | t                          |
|--|----------------------------|
| ☐ I have the following potential conflict(s) of inte |                            |
| Type of affiliation / financial interest             | Name of commercial company |
| 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):

## UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

 $Association\ internationale\ sans\ but\ lucratif-International\ non-profit\ organisation$ 

Signature:

Date: 26 JUN 2017