

## EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

## **EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME :Marta Velia Antonini	
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In accordance with criterion 14 of document UEMS 2016/2 Educational Events (LEEs)", all declarations of potential or act or other relationship, must be provided to the EACCME® upon must be made readily available, either in printed form, with the organiser of the LEE. Declarations must include whether imbursement of expenses in relation to the LEE has been pro-	tual conflicts of interest, whether due to a financial on submission of the application. Declarations also the programme of the LEE, or on the website of the er any fee, honorarium or arrangement for re-
DISCLOSU	<u>IRE</u>
<ul> <li>☑ I have no potential conflict of interest to report</li> <li>☐ I have the following potential conflict(s) of intere</li> <li>Type of affiliation / financial interest</li> </ul>	st to report  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):	

Signature: Date: Nov 12 2020