



International Master Course on Aging Science

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EVENT NAME IMCAS ANNUAL WORLD CONGRESS 2019 EVENT DATE YEAR 2019
 YOUR FULL NAME LE PILLOUER PROST ANNE MONTH 31 JAN - 2 FEB

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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| 1 URGO | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 2 VICHY | | <input checked="" type="checkbox"/> | | | | |
| 3 DEKA | | <input checked="" type="checkbox"/> | | | | |
| 4 GALDERMA | | <input checked="" type="checkbox"/> | | | | |
| 5 MERZ | | <input checked="" type="checkbox"/> | | | | |
| 6 SKIN CEUTICAL | | <input checked="" type="checkbox"/> | | | | |

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Date 8. / 10. / 18

Signature

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