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CONFLICT OF INTEREST (COI) DISCLOSURE

To maintain scientific transparency and the high quality standards of our scientific activities, and to comply with international accreditation criteria, you are required to provide a written declaration of potential or actual Conflict(s) of Interest (COI) per year.

All COI disclosures are available on our websites, under the concerned activity.

LAST NAME **Dharmasakti** FIRST NAME **Suwirakorn**

YEAR **2025**

EVENT (tick appropriate) ☑ IMCAS congresses ☐ IMCAS Academy ☐ AOP congresses ☐ AOP Academy

Please 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)
1	☐	☐	☐	☐		
2	☐	☐	☐	☐	☐	
3	☐	☐	☐	☐	☐	
4	☐	☐	☐	☐	☐	
5	☐	☐	☐	☐	☐	
6	☐	☐	☐	☐	☐	

I hereby agree with the COI POLICY, clearly stated on our official websites and therefore attest the accuracy of the information given above.

Date **19**/**04**/**2025** (format DD/MM/YYYY)

Signature **Suwirakorn Dharmasakti**

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