

## 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 BRAZ FIRST NAME ANDRÉ

YEAR 49

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

Please tick appropriate:

☐ I have no potential conflict of interest to report

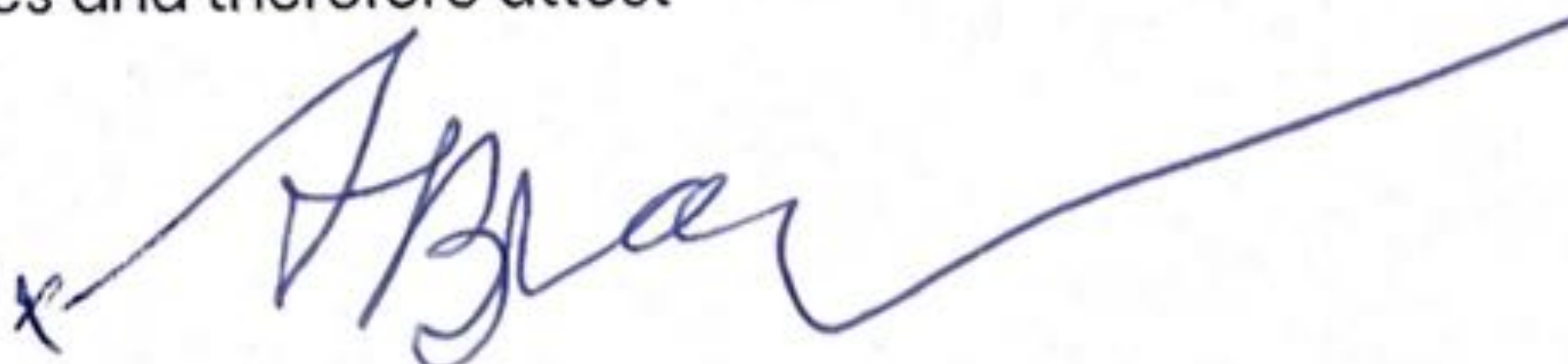
☒ I have the following potential conflict(s) of interest to report

| 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 <u>VIVACY</u>                         | <input type="checkbox"/>             | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 2 <u>IBSA</u>                           | <input type="checkbox"/>             | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 3 <u>ALLERGAN</u>                       | <input type="checkbox"/>             | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 4 <u>FILL MED</u>                       | <input type="checkbox"/>             | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 5                                       | <input type="checkbox"/>             | <input type="checkbox"/>                  | <input type="checkbox"/>                              | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 6                                       | <input type="checkbox"/>             | <input type="checkbox"/>                  | <input type="checkbox"/>                              | <input type="checkbox"/> | <input type="checkbox"/> |                                |

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

Date 18/01/2023 (format DD/MM/YYYY)

Signature



EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESSES

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