

## 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 **FRANCO** ..... FIRST NAME **MANUEL** .....

YEAR **2026** .....

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 | HUDEN                                   | <input type="radio"/>                | <input type="radio"/>                     | <input type="radio"/>                                 | <input checked="" type="radio"/> |                       |                                |
| 2 | SKINDRUG                                | <input type="radio"/>                | <input type="radio"/>                     | <input type="radio"/>                                 | <input checked="" type="radio"/> | <input type="radio"/> |                                |
| 3 | NOVARTIS                                | <input type="radio"/>                | <input checked="" type="radio"/>          | <input type="radio"/>                                 | <input type="radio"/>            | <input type="radio"/> |                                |
| 4 | ELI LILLY                               | <input type="radio"/>                | <input checked="" type="radio"/>          | <input type="radio"/>                                 | <input type="radio"/>            | <input type="radio"/> |                                |
| 5 | ABBVIE                                  | <input type="radio"/>                | <input checked="" type="radio"/>          | <input type="radio"/>                                 | <input type="radio"/>            | <input type="radio"/> |                                |
| 6 | JANSSEN                                 | <input type="radio"/>                | <input checked="" type="radio"/>          | <input type="radio"/>                                 | <input type="radio"/>            | <input type="radio"/> |                                |

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

Date  
 ..14/AUG/2025.. (format DD/MM/YYYY)

Signature 

EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESSES