



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.

1 of 3

LAST NAME

GREEN

FIRST NAME

JEREMY

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 sponsored company	stock shareholder	Spouse/partner	Other support (please specify)
1 ALLERGAN/ABG VIE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 AMPLIFIA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 APPELL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	STOCK OPTIONS
4 CROMA	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5 CUTEKA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6 EVOLUS	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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 14/08/2025 (format DD/MM/YYYY)

Signature

EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESSES



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2013

LAST NAME

GREEN

FIRST NAME

JEREMY

YEAR

2013

EVENT (tick appropriate)

- IMCAS congresses
- IMCAS Academy
- AOP congresses
- AOP Academy

Please tick appropriate:

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

Name of commercial entity/organization	Receipt of grants/research supports	Receipt of grants/honoraria or consultation fees	Participation in a sponsored company speaker's bureau	Stock shareholder	Spouse/partner	Other support (please specify)
1 GALDERMA	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 ICAAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
3 IPSEN	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 LIDOREAL	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5 MERZ RESEARCH	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6 NORDANG MEXICO	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Date

14/08/2013

(format DD/MM/YYYY)

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3 of 3

LAST NAME **GREEN**

FIRST NAME **EMERY**

YEAR **2026**

EVENT (tick appropriate) IMCAS congresses

IMCAS Academy

AOP congresses

AOP Academy

Please tick appropriate:

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Name of commercial entity/organization	Receipt of grants /research supports	Receipt of honoraria or consultation fees	Participation in a sponsored company speaker's bureau	Stock shareholder	Spouse/partner	Other support (please specify)
1 REVALE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 SILK MEDICAL AESTHETICS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 SIN CLAIR	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 THE BEAUTY HEALTH COMPANY	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5 VERADERMICS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Date **11/08/2025** (format DD/MM/YYYY)
 Signature

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