

CONFLICT OF INTEREST DISCLOSURE FORM

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 conflicts of interest (COI) each year.

All COI disclosures are available on our website.

LAST NAME **HADDAD** FIRST NAME **ALESSANDRA**

YEAR

.....²⁰²⁶.....

EVENT (tick appropriate) IMCAS congresses IMCAS 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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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I hereby agree with the COI POLICY, clearly stated on our official website, and therefore attest the accuracy of the information given above.

Da **17 Feb 2026**
...../...../..... (format DD/MM/YYYY)

Signature 

EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESS