

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 **Ferrariz** FIRST NAME **Teresita**

YEAR **2023**

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 **04/29/2023** (format DD/MM/YYYY)

Signature



EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESSES