

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 Nischwitz FIRST NAME Sebastian P.

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)
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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.

Date

.....14.../.....01.../...2026. (format DD/MM/YYYY)

Signature



EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESSES