

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 VELTHUIS FIRST NAME PETER J
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 | <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 15.../09/2025 (format DD/MM/YYYY)

Signature



EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESSES

Paris offices

COMEXPOSIUM HEALTHCARE SAS
7 rue de la Manutention • 75116 Paris • France
Tel: +33 1 40 73 82 82
siret 39834035600029 • RCS Paris • id TVA fr 92398340356

Hong Kong offices

IMCAS Limited / 英卡思有限公司
Suite 1809, 18/E, Tower 2 • China Hong Kong City
33 Canton Road • Tsim Sha Tsui, Kowloon • Hong Kong
Tel: +852 6054 3312
certificate n° 39022293-000-09-11-2