



Conflict of Interest Disclosure Form

(to be completed, signed and returned to organizing secretariat **within maximum of 5 days**)

NAME :Dan Turner.....

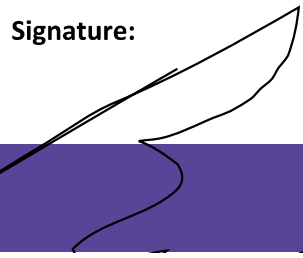
AFFILIATION:Shaare Zedek Medical Center.....

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement of expenses in relation to the LEE has been provided.

DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Janssen, Ferring, MegaPharm, Abbvie
Receipt of honoraria or consultation fees:	Janssen, Pfizer, Ferring, AstraZeneca, Abbvie, Takeda, Rafa, Boehringer Ingelheim, Biogen, Atlantic Health, Shire
Participation in a company sponsored speaker's bureau:	Janssen, Ferring, Abbvie,
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 7.2.17