



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **Stefano Pallanti**

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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 pStefano Pallanti fee, honorarium or arrangement for re-imbursement 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

I assure that my involvement in organizing and defining the scientific programme has not been influenced by any company I have previously and I am collaborating with.

Signature:

Date: 27/08/2014

A handwritten signature in black ink, consisting of two distinct parts. The first part is a stylized, cursive 'S' followed by a few loops. The second part is a more complex, cursive flourish that ends in a sharp hook.