

# at the limits

LEADING MEDICAL EDUCATION

## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members/chairperson/speakers)  
(please note: a scanned copy of the completed form will appear on the event website)

NAME: Professor Otavio Berwanger

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AFFILIATION: Hospital Israelita Albert Einstein

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☐ 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: *AstraZeneca, Bayer, Amgen, Servier, Pfizer, Boehringer-Ingelheim*

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

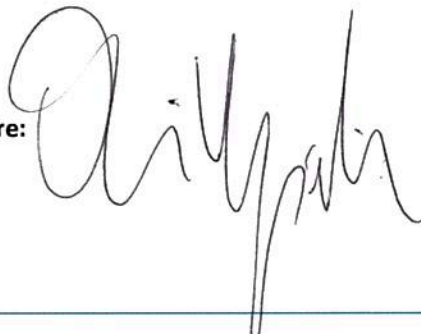
Stock shareholder:

Spouse/partner:

Other support (please specify):

Additional Information (where applicable):

Signature:



Date: 16/07/21