

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 Paulo Lotufo

AFFILIATION: The University of São Paulo

☐ 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):

Additional Information (where applicable):

Signature:



Date: 17/02/2020