Conflicts of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Edwin J. Asturias, MD

AFFILIATION: University of Colorado Denver

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 reimbursement 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

Receipt of grants/research supports:

Name of commercial company

GlaxoSmithKline, Pfizer (both research grants to my institution)

Curevac, Merck Vaccines (OSMB)

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

None

None

Name of commercial company

Date: 7 November 2018

Signature: 

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE81 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ………Juliet Bryant……………………………………

AFFILIATION: …………Fondation Merieux…………………………….

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 reimbursement 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): | 

Signature: ____________________________  Date: August 18, 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Philippe Duclos...............................................................

AFFILIATION: University of Geneva...............................................

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 reimbursement 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:

I serve as ADVAC Director. ADVAC is funded by the participants’ registration fees, unrestricted grants from industry (GSK, J&J, Merck, Pfizer, Sanofi Pasteur, Serum Institute of India and Takeda) which represent a small portion of the overall budget, and in-kind contribution from the organizing and co-sponsoring agencies. Fellowships for select ADVAC participants are supported by grant funding from the Bill & Melinda Gates Foundation and the European Society for Paediatric Infectious Diseases (ESPID).
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):  

Signature:  

Date:  21-09-2018
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Emily Erbelding

AFFILIATION: NIH/NIAID

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", 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 reimbursement 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

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<tr>
<th>Type of affiliation / financial interest</th>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</tr>
</tbody>
</table>

Signature: [Signature]

Date: 11/30/2018
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Adam Finn

AFFILIATION: University of Bristol

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 reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to report

x 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:

- Alios BioPharma, GSK, Pfizer, Novavax, Sanofi Pasteur
- All funding paid to University of Bristol and/or University Hospitals Bristol NHS Foundation Trust

Receipt of honoraria or consultation fees:

- BioNet-Asia
- Variation Biotechnologies Inc.
- Takeda Vaccines, inc.
- Janssen Pharmaceutica NV
- All funding paid to University of Bristol and/or University Hospitals Bristol NHS Foundation Trust

Participation in a company sponsored speaker’s bureau:
Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): Adam Finn undertakes research studies and trials of vaccines funded by governments, charities and industry. He is a member of the UK Department of Health’s Joint Committee on Vaccination, Chair of the WHO European Technical Advisory Group of Experts in which capacity he attends SAGE and President of the European Society for Paediatric Infectious Diseases, which receives sponsorship for its annual meeting from vaccine manufacturers.

Signature: Date: 1st November 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Martin Friede

AFFILIATION: World Health Organization

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 reimbursement 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

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<tr>
<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</tbody>
</table>

Signature:  
Date: 1/11/2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Roger I. Glass
AFFILIATION: Fogarty International Center, National Institutes of Health, Bethesda, MD

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 reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

X 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

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):

Signature: 

Date: 10/26/2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Neal Halsey..............................

AFFILIATION: ...Johns Hopkins University..........................

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 reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports: No COI</td>
<td>Merck</td>
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<tr>
<td>Receipt of honoraria or consultation fees: service on a safety monitoring committee for HPV vaccine</td>
<td>Takeda</td>
</tr>
<tr>
<td>Service on a safety monitoring committee for a Norovirus vaccine</td>
<td>ILiAD Biotechnologies:</td>
</tr>
<tr>
<td>Experimental pertussis vaccine advisory committee</td>
<td>Sanofi</td>
</tr>
<tr>
<td>One day FDA practice review board</td>
<td>Valneva</td>
</tr>
<tr>
<td>Advisory board Lyme disease vaccine</td>
<td></td>
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</tbody>
</table>
Participation in a company sponsored speaker’s bureau:

Stock shareholder: Stock options for Experimental pertussis vaccine

Spouse/partner: No COI

Other support (please specify):

Signature: ___________________________ Date: October 25, 2018
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMSalsbl

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.eu

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Circle Helman

AFFILIATION: Consultant/self employed

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 reimbursement 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):

Signature: ____________________________ Date: 10/25/2018

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Kari Johansen

AFFILIATION: European Centre for Disease Prevention and Control

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 reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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[ ] I have the following potential conflict(s) of interest to report

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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: Kari Johansen

Date: Stockholm 1 Nov, 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: …Paul-Henri LAMBERT

AFFILIATION: Centre of Vaccinology, University of Geneva

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**DISCLOSURE**

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<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports: NA</td>
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<tr>
<td>Receipt of honoraria or consultation fees: Hookipa, DBV, Sanofi</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau: NA</td>
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<tr>
<td>Stock shareholder: DBV</td>
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<td>Spouse/partner: NA</td>
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<tr>
<td>Other support (please specify): NA</td>
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</tbody>
</table>
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Orin Levine..............................................

AFFILIATION: ...Bill & Melinda Gates Foundation...........

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DISCLOSURE

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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):

Signature:  
Date: 11/02/2018
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS aisbl
RUE DE L’INDUSTRIE, 24
BE- 1040 BRUSSELS
www.eaccme.eu
accreditation@uems.eu

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Michael Makanga
AFFILIATION: EDCTP

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DISCLOSURE

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
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</table>

Signature: __________________________ Date: 29 October 2018

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ..........Mark Miller


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DISCLOSURE

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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ___________________________ Date: 2 November 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Hanna Nohynek

AFFILIATION: National Institute for Health and Welfare, THL, Finland

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 reimbursement of expenses in relation to the LEE has been provided.

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<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>My institute THL holds research contracts with GSK and Pfizer; I personally am not part of these projects</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td>None</td>
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<tr>
<td>Other support (please specify):</td>
<td>None</td>
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</table>
Signature:  Date: 5th November 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Stanley Plotten

AFFILIATION: Univ. of Pennsylvania

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 reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

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):

Name of commercial company

("GSK, Merck, Pfizer, Sanofi, Novo, Vitamins, Bio, Takeda, Dynavax, Serum, Ind, Ind, Curevac, Valneva, NTx, Bio, Hookipa")

Signature: ____________________________ Date: 7 Nov, 2018

UEMSaSbl — Union Européenne des Médecins Spécialistes | Rue de l'Industrie 24, BE-1040 Bruxelles
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...SIEGRIST Claire-Anne

AFFILIATION: University of Geneva

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DISCLOSURE

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X I have the following potential conflict(s) of interest to report

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<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<td>Receipt of grants/research supports:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 30.10.2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : H. Keipp Talbot

AFFILIATION: NFID/Vanderbilt University 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 reimbursement of expenses in relation to the LEE has been provided.

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify): Safety Advisory Board</td>
<td>Seqirus</td>
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<td>(recently resigned October 2018)</td>
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</tbody>
</table>

Signature: [Signature]

Date: October 30, 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Melinda Wharton

AFFILIATION: Centers for Disease Control and Prevention, Atlanta, Georgia, USA

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)”, 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 reimbursement 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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
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<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
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</tbody>
</table>

Signature: ___________________________ Date: ____________

Melinda Wharton 5 November 2018