CONFLICT OF INTEREST DECLARATION

I, the Undersigned

_____
Name and Surname

Born in _____on _____ Tax Code _____
dd/mm/yyyy

Address _____ City _____Country_____

in my capacity as ❑ Speaker ❑ Trainer ❑ Tutor ❑ Teacher

at the above educational Event to be held in Brescia on the 24th-26th of September, 2015
organized by My Meeting Srl as Temporary Provider No. 1396

pursuant to and in accordance with art. 3.3 on Conflict of Interest and the State-Region Agreement of 11.05.2009 and of 04.19.2012

aware of the set penalties in case of false declarations according to the Penal Code and all applicable laws,

DECLARE

(tick box ☒ indicating capacity)

❑ that in the last two years I have had no professional and/or economic relationships with pharmaceutical companies and/or manufacturers of medical instruments or devices and have consequently no conflict of interest with respect to the Event.

❑ that in the last two years I have had the following professional and/or economic relationships with pharmaceutical companies and/or manufacturers of medical instruments or devices:

_____

and that the above relationships do not affect my teaching activity at the Event and do not predudice the exclusively educational scope of the training requirements for healthcare professionals and that I consequently have no conflict of interest with respect to the Event.

UNDERTAKE

1) To provide my training and teaching activity at the Event in an objective and unbiased way, not affected by the direct or indirect interests of any commercial concerns, and in particular: a) not to advertise in any form any specific healthcare-related products; b) to only use the generic names of drugs, instruments and devices and not to indicate any trade names, even if related to the specific topic discussed;
2) To ensure that during my training and teaching activity at the above Event, no slides are shown which contain images covered by copyright or industrial property rights by third parties (including printed publications, texts, reproductions or excerpts from protected websites), images of drugs or electro-medical equipment and/or images that may imply violation of patient privacy.

DECLARE

That I have been informed, pursuant and in accordance with art. 13 Legislative Decree n. 196/2003, that my personal data will be processed, including with electronic means, exclusively for the purposes for which this declaration is issued. I hereby authorise the publication of my CV on the CME website and the transfer of my personal data to Age.Na.S., as required for my registration in the continuing education and professional accreditation program established by the law and my participation in the Event. My CV shall be also made available for submission to the offices concerned, in compliance with AIFA regulations.

In witness thereof _____ Date _____
(readible signature)

Plase return completed form by **fax to +39 051 795270**
or **scan and email to info@mymeetingsrl.com**

cod. *H8 2015*