



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :ADAM Stéphane.....

AFFILIATION:Université de Liège – Unité de Psychologie de la Sénescence.....

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

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: 14 February 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :**ANDRIEU Sandrine**.....

AFFILIATION:**Toulouse University III**.....

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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: grants from JPND program, from EU-FP7 program, from Beaufour Ipsen Pharma, non-financial support from Biogen, Pfizer, Icon,.

Receipt of honoraria or consultation fees: personal fees from Beaufour Ipsen Pharma, Pierre Fabre, Lilly, Nestlé, Sanofi, Servier, MSD,

Participation in a company sponsored speaker's bureau:

Stock shareholder: None

Spouse/partner:

Other support (please specify): None

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation



Signature:

Date: 23 feb 2018

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : AQUINO Jean-Pierre
AFFILIATION: SFGE France

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Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

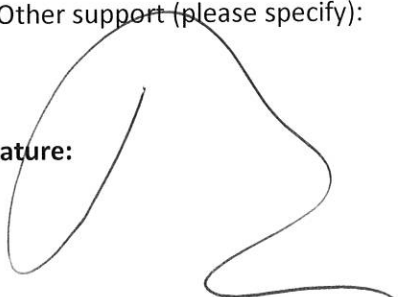
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date:

19/2/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CATHERINE BASSAL.

AFFILIATION: UNIVERSITE DE GENEVE & CARITAS GENEVE

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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: 31.10.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Berg Nicolas

AFFILIATION: SBGG

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

14/2/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : BONIN GUILLAUME Sylvie
AFFILIATION : Aix Marseille Université, Ambulance Publique Hôpitaux de Marseille

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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:

13/02/18



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Christophe J BULA, MD
AFFILIATION: University of Lausanne Medical Center

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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:

CHUV
Prof. Christophe BÜLA
Chef du service de Gériatrie
et Réadaptation gériatrique
Tél 021/314.38.18 MP16/04

Date:

31.07.18

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :

Coppex P.

AFFILIATION:

SGG

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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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:

P. Coppex

Date:

1.11.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CORNETTE PASCALE

AFFILIATION: Cliniques univ. St Luc - BRUSSELS - catholic university of LOUVAIN

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

01/02/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CORRADO LUIGI

AFFILIATION: ENS Les Charmettes, c. ch. de Gambery
1233 Berx

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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:

12.09.2017



EUROPEAN UNION OF MEDICAL SPECIALISTS
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : de Saint-Hubert Marie

AFFILIATION: CHU UCL Namur, UCLouvain, Institut de Recherche Santé Société

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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:

Dr M. de Saint-Hubert
Gériatre
CHU UCL Namur
1-5856629-180

Date: 14/11/2017



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : DE BREUCKER

AFFILIATION: Hôpital Erasme, Brussel

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: \emptyset

Receipt of honoraria or consultation fees:

PRESENIUS - KASBI, NUTRICIA, BAYER,
TILMAN

Participation in a company sponsored speaker's bureau: \emptyset

Stock shareholder: \emptyset

Spouse/partner: \emptyset

Other support (please specify):

Signature:

Date:

31/1/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : DREHER Rebecca
AFFILIATION : CTR Aubonne-Gilly, Ensemble Hospitalier de la Côte

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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):

Dr Rebecca DREHER
Médecin Chef
EHC - Dpt Médecine - CTR Aubonne-Gilly
Av. Trévelin 67 - 1170 Aubonne
Tél. 021 821 41 11 - Fax 021 821 41 14

Signature:

R. Dreher

Date:

17-01-2018



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Conflict of Interest Disclosure Form

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NAME: Pierre J. Durand

AFFILIATION: Université Laval, Québec, Canada

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Tamas Fulop

AFFILIATION: Université de Sherbrooke

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Eisai Co

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

01.02.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Urs Gfeller

AFFILIATION: Schweizerische Gesellschaft für Gerontologie SGG SSG

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

8.9.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ... **Gabriel GOLD**.....

AFFILIATION: ...Geneva University Hospitals, Dept. of Internal Medicine, Rehabilitation and Geriatrics, Head, Service of Geriatrics; Chemin du Pont-Bochet 3, 1226 Thônex, Switzerland

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Geneva, January 30, 2018



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(to be completed by scientific/organising committee members)

NAME :Graf Christophe.....

AFFILIATION: ...Geneva University Hospitals....

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Dr Christophe Graf
Médecin-chef de service
T. +41 (0)79 553 88 67

Date: 13.02.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : HANON

AFFILIATION: Broca Hospital, France

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Bayer

Receipt of honoraria or consultation fees: Bayer - Boehringer - Pfizer - BMS

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Assistance Publique - Hôpitaux de Paris
Groupe Hospitalier
Broca - La Rochefoucauld - La Collégiale
Professeur O. HANON - PU - PH
Tél : 01 44 08 35 02 - Fax : 01 44 08 35 10
54 - 56, rue Pascal
75013 Paris

Date:

13-02-18



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: JEANDER Claude
AFFILIATION: HOSPITALIER France CHU

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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: 13/02/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MARIE-JEANNE KERGOAT

AFFILIATION: UNIVERSITE DE MONTREAL, QUEBEC, CANADA

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

31/10/2018



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NAME : Guy LACOMBE

AFFILIATION: SHERBROOKE UNIVERSITY

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: _____

MARKK
Novartis

Receipt of honoraria or consultation fees: non

Participation in a company sponsored speaker's bureau: non

Stock shareholder: non

Spouse/partner: non

Other support (please specify): _____

Signature: _____

Date: _____

31 janvier 2018



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NAME : JOSE A. MORAIS

AFFILIATION: UNIVERSITE MCGILL

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Receipt of honoraria or consultation fees:

MERCK

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Jose A. Morais

Date:

2018/01/31



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Institution of the UEMS_{aisbl}

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Delphine ROULET SCHWAB

AFFILIATION: Institut et Haute Ecole de la Santé
La Source, Lausanne, Suisse

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Novartis

Spouse/partner:

Other support (please specify):

Signature: D. Roulet Schwab

Date: 25.09.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Steiger Monika, deputy ceo Swiss Society of Gerontology SGG SSG

AFFILIATION:

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Name of commercial company

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

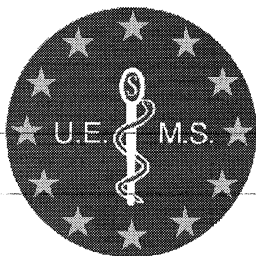
Spouse/partner:

Other support (please specify):

Signature:

Date:

6.9.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Pr Thomas Vogel, MD, PhD.....

AFFILIATION: Strasbourg...Academic Hospital, Geriatric Department.....

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Professeur Thomas VOGEL
HOPITAUX UNIVERSITAIRES DE STRASBOURG
Hôpital de la Robertsau
POLE DE GERIATRIE
67091 STRASBOURG Cedex

Signature:

Thomas Vogel

Date: 26-02-2017