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Conflict of Interest Disclosure Form

| NAME :ADAM Stéphane | | |
|--|-------------------------------|--|
| AFFILIATION:Université de Liège – Unité de Psy | chologie 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. | | |
| DISCLO | <u>OSURE</u> | |
| I have no potential conflict of interest to rep | port | |
| \square 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

| NAME :ANDRIEU Sandrine | | |
|--|----------------------------|--|
| AFFILIATION:Toulouse University III | | |
| 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 | | |
| 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: 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

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Signature: Date: 23 feb 2018

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

| NAME: AQUINO | Jeon Viene |
|--------------|------------|
| AFFILIATION: | |

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DISCLOSURE

| I have no potential conflict of interest to report | |
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| ☐ I have the following potential conflict(s) of interest to re | port |

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: 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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| ⊠I have r | no potential conflict of interest to report | |
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| ☐ I have t | the following potential conflict(s) of interest to re | port |
| Type of a | affiliation / financial interest | Name of commercial company |
| Receipt o | of grants/research supports: | |
| Receipt o | of honoraria or consultation fees: | |
| Participa | tion in a company sponsored speaker's bureau: | |
| Stock sha | areholder: | |
| ا/Spouse | partner: | |
| Other su | pport (please specify): | |
| | | |
| Signature: | //WL | Date: 31.10.2017 |



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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| NAME: DER G/hicolos | | |
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| AFFILIATION: | | |
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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: | | |
| Receipt of honoraria or consultation fees: | | |
| Participation in a company sponsored speaker's bureau: | | |
| Stock shareholder: | | |
| Spouse/partner: | | |
| Other support (please specify): | | |
| Signature: Date: | | |



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Conflict of Interest Disclosure Form

| | • |
|---|---|
| NAME: BONIN GUUANE AFFILIATION AX MOUSULE UNIVERSIL A | Solvica |
| AFFILIATION AX MOURSULE UNIVERSITE A | ondana Lubripue Ho |
| In accordance with criterion 14 of document UEMS 2016/20 "EAC Educational Events (LEEs)", all declarations of potential or actual coror other relationship, must be provided to the EACCME® upon submust be made readily available, either in printed form, with the p the organiser of the LEE. Declarations must include whether an imbursement of expenses in relation to the LEE has been provided. | CCME® criteria for the Accreditation of Live inflicts of interest, whether due to a financial mission of the application. Declarations also rogramme of the LEE, or on the website of |
| DISCLOSURE | |
| (have no potential conflict of interest to report | |
| ☐ I have the following potential conflict(s) of interest to re | eport |
| 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: 13/92/18 |



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

| NAME: Chittothe) Bush, MD | | Con Tox |
|----------------------------------|---------|---------|
| AFFILIATION: Whiten's of Camanus | Medical | Conce |

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 t | to report |
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| ☐ 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:

Prof. Christophe BÜLA Chef du Jordice de Gériatrie et Peadaptation gériatrique Tél 021:314.38.18 MP16/04

Date: 2

31.07.18



Signature:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

| NAME: CONTEX 1/S | |
|--|---|
| AFFILIATION: | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreding EACCME", all declarations of potential or actual conflicts of interest, we relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of organiser of the LEE. Declarations must include whether any fee, home mbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
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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: 16 hoex | Date: 1.11.2017 |



NAME: CORNETTE PASCALE

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| 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. |
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| 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: 04/03/2018 |



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for

Continuing Medical Education – EACCME®

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Date: 12.09.2017

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Conflict of Interest Disclosure Form

| NAME: | |
|---|--|
| AFFILIATION: ENS Les Character | 4 C. dr. de 924 |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditate EACCME", all declarations of potential or actual conflicts of interest, who relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of the organiser of the LEE. Declarations must include whether any fee, honoral imbursement of expenses in relation to the LEE has been provided. | ion of Live Educational Events by the ether due to a financial or other application. Declarations also must be the LEE, or on the website of the |
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| I have no potential conflict of interest to report I have the following potential conflict(s) of interest to report | rt |
| 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): | |
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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 a | affiliation / financial interest | Name of commercial company |
| Receipt o | of grants/research supports: | |
| Receipt o | of honoraria or consultation fees: | |
| Participa | ation in a company sponsored speaker's bureau: | |
| Stock sha | areholder: | |
| Spouse/ | partner: | |
| Other su | ipport (please specify): | |
| Signature: | Dr W de Saint-Hubert Gériatre | Date: 14/11/2017 |

1-5856629-180



NAME: DE BREUCKEL

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Conflict of Interest Disclosure Form

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| DISCLOSURE | | |
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| | Name c | |
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| 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: | Name c | |



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NAME: DREMER Rebecca

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

| AFFILIATION: ETR Aubaine-Cilly, E | de la late | |
|--|----------------------------|--|
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| DISCLOSURE | | |
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| \square I have the following potential conflict(s) of interest to repo | ort | |
| 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): Dr Rebecca DREHER Médecin Chef EHC - Dpt Médecine - CTR Aubonne-Gilly Av. Trévelin 67 - 1170 Aubonne Tél 021 881 40 41 p. Fay 021 821 44 14 | Date: 17-01.7018 | |

Tel 021821411 - Fax 021 821 41 14



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Pierre J. Durand

AFFILIATION: Université Laval, Québec, Canada

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| 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: |



NAME: Tamas Fulos

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Conflict of Interest Disclosure Form

| AFFILIATION: Université de Sherbrooke | | |
|--|--|--|
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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: X Receipt of honoraria or consultation fees: E isau 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 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): | |
| 1 | |

Date: 8, 9.2017

1. Sfelle

Signature:



NAME:...

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Gabriel GOLD.....

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Conflict of Interest Disclosure Form

| AFFILIATION:Geneva University Hospitals, Dept. of Intern Geriatrics, Head, Service of Geriatrics; Chemin du Pont-Boo | |
|---|---|
| In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, himbursement of expenses in relation to the LEE has been provided | et, whether due to a financial or other of the application. Declarations also must be e of the LEE, or on the website of the onorarium or arrangement for re- |
| 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: July Will | Date: Geneva January 30, 2018 |



NAME:Graf Christophe.....

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

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| DISCLOSUR | <u>E</u> | |
| 区 I have no potential conflict of interest to report | | |
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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 bure | au: | |
| 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: Busca Hospital. | F1-6 |

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| | <u>DISCLOSURE</u> |
|-----|--|
| | ☐ I have no potential conflict of interest to report ☐ A have the following potential conflict(s) of interest to report |
| | Type of affiliation / financial interest Name of commercial company |
| | Receipt of grants/research supports: Bayer |
| | Receipt of honoraria or consultation fees: Bage - Boehninger - Phizer - BM |
| | Participation in a company sponsored speaker's bureau: |
| | Stock shareholder: |
| | Spouse/partner: |
| | Other support (please specify): |
| Sig | gnature: Assistance Publique Hospitalier Groupe Ho |



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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| NAME: JETINJEC | |
| AFFILIATION: PORTLET LIER | rde Fronce CHU. |
| In accordance with criterion 14 of document UEMS 2016/20 Educational Events (LEEs)*, all declarations of potential or actual or other relationship, must be provided to the EACCME* upon must be made readily available, either in printed form, with the organiser of the LEE. Declarations must include whether imbursement of expenses in relation to the LEE has been provided. | al conflicts of interest, whether due to a financial submission of the application. Declarations also he programme of the LEE, or on the website of r any fee, honorarium or arrangement for re- |
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Signature:

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Date: 31 /01/2018

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NAME: MARIE-JEHINE KERGOAT

AFFILIATION: UNIVERSITE DE MONTRÉAL, QUEBEC, CANADA

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| NAME: Guy | ACOMBE |
|-----------|-------------------|
| | RROOKE UNIVERSITY |

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NAME: JOSE A MORAIS

AFFILIATION: UNIVERSITE MCGILL

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| nature: Jose A Morais | Date: 2018/01/31 | |



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NAME: DeCphine ROULET SCHWAR

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(to be completed by scientific/organising committee members)

AFFILIATION: Institut et Haute Ecole de la Santé

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| relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme corganiser of the LEE. Declarations must include whether any fee, hor imbursement of expenses in relation to the LEE has been provided. | of the LEE, or on the website of the |
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NAME: Steiger Monika, deputy ceo Swiss Society of Gerontology SGG SSG

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| AFFILIATION: | |
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| Signature: Thomas Vogel | Date: 26-02-2017 |
| Type of affiliation / financial intere Receipt of grants/research supports Receipt of honoraria or consultation Participation in a company sponsore Stock shareholder: Spouse/partner: Other support (please specify): | s: n fees: |
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| AFFILIATION: StrasbourgAcademic Ho | spital, Geriatric Department |
| NAME : Pr Thomas Vogel, MD, PhD | |

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