



International Master Course on Aging Science

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EVENT NAME IMCAS World Congress      YEAR 2019  
 YOUR FULL NAME Serge MORSON      MONTH 01-02

#### Conflict of Interest (COI) Disclosure (tick appropriate)

- I have no potential conflict of interest to report  
 I have the following potential conflict(s) of interest to report:

Name of commercial entity / organization	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						.....
2						.....
3						.....
4						.....
5						.....
6						.....

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Date October 29, 2018

Signature

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