



International Master Course on Aging Science

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EVENT DATE

YEAR

2019

MONTH

JANUARY

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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)
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3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby agree with the IMCAS COI POLICY, clearly stated on imcas.com and therefore attest the accuracy of the information given above

Date 10/5/18

Signature

INTERNATIONAL MASTER COURSE ON AGING SCIENCE

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GENERAL SECRETARY - IMCAS • 7, rue de la Manutention • 75116 Paris • France • Tel: + 33 (0)1 40 73 82 82 • Fax: + 33 (0)1 40 70 92 40

www.imcas.com - contact@imcas.com