



International Master Course on Aging Science

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EVENT NAME ..... Imcas World congress ..... YEAR .....  
 YOUR FULL NAME ..... K. Tunc Tiryaki ..... EVENT DATE ..... MONTH ..... 1. 2020 .....

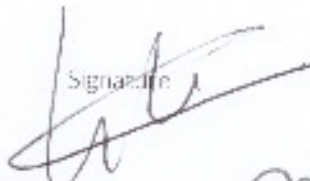
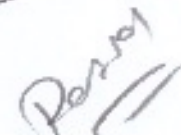
#### Conflict of Interest (COI) Disclosure (tick appropriate)

- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
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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](http://imcas.com) and therefore attest the accuracy of the information given above

Date 16.07.2019

Signature   
 Person 

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