



International Master Course on Aging Science

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EVENT NAME IMCAS WORLD CONGRESS 2020

EVENT DATE YEAR IMCAS 2020

YOUR FULL NAME

Dana J. Goldberg MD

MONTH JANUARY

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 <i>Sensus</i>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 <i>Zimmer</i>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 <i>Cutera</i>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 <i>BTL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

Date *15.10.19*

Signature