



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:Milena Sokolowska

AFFILIATION: ~~Swiss Institute of Allergy and Asthma Research~~, University of Zurich, Switzerland

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

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:

SNSF, GSK, Novartis

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

AstraZeneca

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 09.10.2023



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Wojciech Feleszko
NAME:
Meddical University of Warsaw
AFFILIATION:

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Signature:

Date: 9.10.2023



**EUROPEAN UNION OF MEDICAL
SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL ON CME
(EACCME®)**

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Inge Kortekaas.....

AFFILIATION: ...Vrije Universiteit Brussel, SKIN Research Group, Belgium.....

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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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Flanders Research Council (FWO), Pfizer,
AbbVie, Sanofi Regeneron

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Inge Kortekaas

Date: 09 October 2023



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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(to be completed by Scientific/Organizing Committee Members)

NAME: CRISTINA GÓMEZ CASADO

AFFILIATION: HEINRICH HEINE UNIVERSITY DÜSSELDORF

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Spouse/partner:

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Date:

9/10/2023



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(to be completed by Scientific/Organizing Committee Members)

NAME: Tomás Chivato

AFFILIATION: School of Medicine University CEU San Pablo (Madrid)

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Date: 09/10/2023