Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Pinar Uysal

AFFILIATION: Adnan Menderes University

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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.

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

Receipt of grants/research supports: Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None
Other support (please specify):

Signature: [Signature]
Date: 08/12/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Bülent Eris Şekerel

AFFILIATION: Hacettepe University School of Medicine Ankara TURKEY

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: ____________________________ Date: 22 Oct 2019

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IBAN BE28 0001 3283 3820 □ BIC (SWIFT) BPOFRBE1 □ VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: [Signature]

AFFILIATION: [Signature]

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☐ I have the following potential conflict(s) of interest to report

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Signature: [Signature]

Date: 10/12/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : ..............Aslı Gelincik...........................................

AFFILIATION: Immunology and allergic Diseases, Internal Medicine, Istanbul Faculty of Medicine 
Istanbul University..............................................................

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DISCLOSURE

❑ I have no potential conflict of interest to report
❑ I have the following potential conflict(s) of interest to report X

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Sevim Bavbek...........................................

AFFILIATION: Full time professor in Ankara University, School of Medicine, Dept Of Chest Diseases, Division of Allergy and Clinical Immunology...........................................

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