Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ......DARIO ANGEL-AMERIGO..............................................

AFFILIATION: ......HOSPITAL UNIVERSITARIO RAMÓN Y CAJAL....

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.

DISCLOSURE

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ____________________________ Date: FEBRUARY 10TH, 2019
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Beatrice Bilò
AFFILIATION: Politecnico University of Marche - Ancona - Italy

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.

DISCLOSURE

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: AL - AR

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [signature]

Date: 19.03.2018

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IBAN BE 28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: PATRIZIA BONADONNA
AFFILIATION: Allergy Unit Azienda Ospedaliera Universitaria

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

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):

Name of commercial company

ALK ABEOO’ ALLERGY

Signature: [Signature]
Date: 26.3.13
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: David González de Olano

AFFILIATION: Allergy Department, Hospital Ramón y Cajal, Madrid (Spain)

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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<td>Other support (please specify):</td>
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Signature:  

Date: 19 October 2019
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME : Prof. Dr. Thilo Jakob

AFFILIATION: University Medical Center Giessen

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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<td>Receipt of grants/research supports:</td>
<td>Novartis, ALK-Abello, Allergopharma</td>
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<td>Receipt of honoraria or consultation fees:</td>
<td>Novartis, ALK-Abello, Allergopharma, Bencard</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
<td>Editor of Allergo Journal International</td>
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<td></td>
<td>Board member of German Society of Allergy and Clinical Immunology</td>
</tr>
</tbody>
</table>

Signature:       Date:
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Peter Korošec

AFFILIATION: Prof. dr.

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

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):

Name of commercial company

Novartis

Teva Pharmaceutical Industries

Signature: [Signature]

Date: 19.03.2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Carmen Moreno-Aguilar

AFFILIATION: Head of Allergy Unit. Hospital Universitario Reina Sofía. Córdoba (Spain)

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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<td>Novartis, ALK, Thermofisher</td>
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Signature

Date: 20 March 2019
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Prof. Dr. med. Markus OLLERT

AFFILIATION: Luxembourg Institute of Health, Esch-sur-Alzette, Luxembourg & University of Southern Denmark, Odense, Denmark.

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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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
<td>Scientific Co-Founder, PLS-Design GmbH, Hamburg, Germany</td>
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</table>

UEMSассо — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
UNION EUROPÉENNE DES MÉDECINS SPÉcialistes
EUROPEAN UNION OF MEDICAL SPECIALISTS
Association internationale sans but lucratif – International non-profit organisation

Signature:  
Date: 31.03.1019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ………………………… J.N.G. (Hanneke ) Oude Elberink …………………

AFFILIATION: …………… University Medical Center Groningen, Dept of Allergology …………………

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.

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<tr>
<td>Receipt of grants/research supports: Blue Print, AIMMUNE, Novartis</td>
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<td>Receipt of honoraria or consultation fees: Novartis, Sanofi, ALK-ABello</td>
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<td>Stock shareholder: none</td>
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<td>Spouse/partner: none</td>
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<td>Other support (please specify): none</td>
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</tbody>
</table>
Date: December 6th 2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME : Prof. Dr. med. Franziska Rueff

AFFILIATION:

München Klinik Thalkirchnerstraße
Fachklinik I für Dermatoologie und Allergologie
Städtisches Klinikum München GmbH
Thalkirchnerstr. 48
D-80337 München

Klinik und Poliklinik für Dermatologie und Allergologie
AllergieZENTRUM
Klinikum der Universität München
Frauenlobstraße 9-11
D-80337 München

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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Paid lectures, honorary from:

Name of commercial company

Novartis
Adboard for Allergopharma GmbH & Co. KG, Bencard Dr. Gerhard Mann, ALK-Abelló, LEO-Pharma, UCB, Novartis
Abbvie, ALK-Abelló, Düsseldorf Congress Sport &
Event GmbH, Forschungszentrum Borstel, Jürgen Schaal GmbH, Novartis, MEDA, Universitätshlinkum Schleswig-Holstein, Universitätshlinkum Erlangen, Santis GmbH, Stalleragenes GmbH

Stock shareholder: None.

Spouse/partner: Not applicable.

Other support (please specify): Chair of the Arbeitsgruppe Insektengiftallergie der Deutschen Gesellschaft für Allergie und klinische Immunologie (DGAKI)

Past-chair of the Interest Group Insect Venom Allergy der European Academy of Allergy and Clinical Immunology (EAACI)

Signature: [signature]

Date: 27.03.2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Vito Sabato

AFFILIATION: University of Antwerp

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

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):

Signature: Vito Sabato

Name of commercial company

Date: 28/07/2016

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Christoph Schrautzer........................................

AFFILIATION: ..................IG Insect venom allergy, Board Member EAACI......................................

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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):

Signature: .......................... Date: 12.12.2019

UEMSaisbl – Union Européenne des Médecins Spécialistes | Avenue de la Couronne 20, BE-1050 Bruxelles
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Mohamed Shamji.

AFFILIATION: Imperial College London

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<tr>
<td>Receipt of grants/research supports:</td>
<td>- Via Research grants via Imperial College London from MRC (UK), NIHR, NIAID, Food Standards Agency (UK), Immune Tolerance Network (USA). Novartis, LETI, Stallergenes, ALK, Regeneron Pharmaceuticals and ASIT Biotech sa.</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>ALK/ ASIT Biotech/ UCB/ Allergopharma</td>
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</table>
Participation in a company sponsored speaker’s bureau: NA
Stock shareholder: NA
Spouse/partner: NA
Other support (please specify): NA

Signature: M. Shami
Date: 23.09.2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: ...Stephen J. Galli, MD..............................................

AFFILIATION: ...Stanford University School of Medicine............................

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Type of affiliation / financial interest            Name of commercial company

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):

Signature:

Date: March 18, 2019
Conflicts of Interest Disclosure Form

(to be completed by faculty members)

NAME: ÁRANTZA VEGA CASTRO

AFFILIATION: HOSPITAL UNIVERSITARIO GUADALAJARA

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.

DISCLOSURE

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Type of affiliation / financial interest

Receipt of grants/research supports: DIATR LAB, ALK, NOVARTIS

Receipt of honoraria or consultation fees: ALK

Participation in a company sponsored speaker’s bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify):

Signature: __________________________  Date: MARCH 11th, 2019
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: ......................

AFFILIATION: ......................

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<td>Other support (please specify):</td>
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Signature: [Signature]  
Date: 11/04/2019