Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. Bernadette Biedermann

AFFILIATION: Department of Dermatology and Allergy, University Hospital Freiburg, Germany

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEE)", 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:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company: Buhlmann

Signature: [Signature]

Date: 20-Nov-2017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ioana-Oana Agache

AFFILIATION: Faculty of Medicine, Transylvania University, Arad, Romania

In accordance with criterion 14 of document UE16/20 "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

Type of affiliation / financial interest

Receipt of grants/research supports:
NATIONAL RESEARCH GRANT PhII—RUN-TE-CHER ASTRA LELECA 2014-6-220

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:
CHER ASTRA LELECA, NOVARTIS

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 18 Nov 2017

UEMS (UEMS) — Union Européenne des Médecins Spécialistes
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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Hans Jürgen Hoffmann
AFFILIATION: Aarhus University, Denmark

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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: Hans J. Hoffmann
Date: 7 December 2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Schmidt-Web

AFFILIATION: ZAUM, TUM

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 re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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

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<td>Other support (please specify):</td>
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Signature: [Signature] Date: 14 May 2018
**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

**NAME:** Vito Sabato

**AFFILIATION:** University of Antwerp and Antwerp University Hospital

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEE)s", 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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**Signature:**

**Date:** 21.06.2018

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

NAME: Cristobalina Mayorga.

AFFILIATION: Research Laboratory and Allergy Unit, IBIMA, Hospital Regional Universitario de Malaga, UMA, Malaga, Spain

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Signature: [Signature]
Date: June 25, 2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Docteur Paul ROUZAIRE

NAME: .................................................. MCU-PH (N°10100191138)

UF HLA

Centre de Biologie / CHU Gabriel Montpied

AFFILIATION: .......................................63003.CLERMONT-FERRAND CEDEX 01

Tél.: +33 4 73 75 1983 - Fax: +33 4 73 75 1983

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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Signature: [Signature]

Date: 22/10/2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Anna Nopp............................................................

AFFILIATION: ...Karolinska Institutet.....................................

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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: ................................................................. Date: 2018-06-21

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