Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: ...Montserrat Alvaro Lozano...........................................

AFFILIATION: ...Hospital Sant Joan de Deu, Esplugues, Barcelona........................................

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

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<tr>
<th>Type of affiliation / financial interest</th>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: Date: 17-9-2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Arne Høst

AFFILIATION: Consultant in paediatrics, Hans Christian Andersen Children's Hospital, Odense University Hospital

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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☑ 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

Arne Høst has received honoraria for lecture from:
ALK – Abello
Danone
Mead Johnson
Meda
Nestlé

Signature: Arne Høst

Date: September 15, 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Marina Atanasković-Marković

AFFILIATION: University Children’s Hospital, Medical faculty University of Belgrade, Serbia

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]
**Conflict of Interest Disclosure Form**

(to be completed by faculty members)

**NAME**: Susan Chan ....................................................

**AFFILIATION**: Guy’s and St Thomas’ NHS Foundation Trust ............................................................

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**: 7/9/17
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Bullens Dominique MA
AFFILIATION: UZ Leuven/ KU Leuven, Leuven, 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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Signature: D Bullens
Date: 7-9-2017
Conflicts of Interest Disclosure Form
(to be completed by faculty members)

NAME: Lene Heise Garvey

AFFILIATION: Danish Anaesthesia Allergy Centre, Allergy Clinic, Gentofte Hospital, Hellerup, 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.

DISCLOSURE

X 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: __________________________ Date: 5. September 2017
Conflicts of Interest Disclosure Form
(to be completed by faculty members)

NAME: Dr. N.W. de Jong

AFFILIATION: ErasmusMC, Rotterdam, the Netherlands

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: ____________________________ Date: 4 Sept 2014

UEMS® – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Inger Kull.................................................................

AFFILIATION: Karolinska Institutet, Department of Clinical Science and Education..............................

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: Inger Kull Date: 17/09/13
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: LAIA ALSINA, MD, PhD

AFFILIATION: Attending at the Pediatric Allergy and Clinical Immunology Department, Hospital Sant Joan de Deu, Barcelona, Spain.

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.

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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

Signature: ____________________________ Date: _________________________________

UEMS® - Union Européenne des Médecins Spécialistes
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: Susanne Halken

AFFILIATION: Hans Christian Andersen Children’s Hospital, Odense University Hospital, Odense, Denmark

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

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X 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:

Name of commercial company
None

ALK-Abelló: Member of Steering Committee for the Grazax Asthma Prevention study and member of Advisory Board on research in Allergen Immunotherapy October - December 2017. Paid by for participation in meetings only. Seldom receiving honoraria for giving lectures for different companies e.g. Stallergenes, Allergopharma, ALK-Abelló, MEDA.

Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: Susanne Halken
Date: 12.09.2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Liam O'Mahony

AFFILIATION: Swiss Institute of Allergy and Asthma Research, University of Zürich

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: GSK

Receipt of honoraria or consultation fees: Alimentary Health

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 4th September 2017
Conflicts of Interest Disclosure Form

(to be completed by faculty members)

NAME: Louis Bont

AFFILIATION: UMC Utrecht

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

Dr. Bont has regular interaction with pharmaceutical and other industrial partners. He has not received personal fees or other personal benefits. UMCU has received major funding (>€100,000 per industrial partner) for investigator initiated studies from AbbVie, MedImmune, Janssen, the Bill and Melinda Gates Foundation and MeMed Diagnostics. UMCU has received minor funding participation in trials by Regeneron and Janssen since 2015 (total annual estimate less than €20,000). He received minor funding for consultation and invited lectures by AbbVie, MedImmune, Ablynx, Bavaria Nordic, MabXience, Novavax, Janssen (total annual estimate less than €20,000). (http://www.umcutrecht.nl/en/Research/Research-program/Infection-Immunity/Group-Bont/Potential-Conflict-of-Interest-(2007-2017))

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

Signature: [Signature]

Date: 4-9-17
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Ulrich Wahn

AFFILIATION: Charite, Berlin, Germany

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: _______________________________ Date: Sept 9, 2017

Prof. Dr. med. Ulrich Wahn
Padiatr. Pneumologie und Allergologie
Tel. 030 / 94 31 85 50 • Fax 030 / 94 31 78 63
E-Mail: praxis@prof-wahn.de
Drakestr. 49 • 12203 Berlin
Privat Ambulanz nach Tarifvereinbarung

UEMS — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: SILVIA SANCHEZ-GARCIA

AFFILIATION: M.D., Ph.D.

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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: 05/09/2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: …………Audrey DunnGalvin……………………………….

AFFILIATION: ……University College Cork, Ireland……………………………

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Type of affiliation / financial interest                  Name of commercial company

Receipt of grants/research supports: Aimmune

Receipt of honoraria or consultation fees: Aimmune,
SafeFood

Participation in a company sponsored speaker’s bureau: Aimmune; SafeFood

Stock shareholder: No

Spouse/partner: No

Other support (please specify): No

Signature: ___________________________  Date: 15/09/2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Alberto Alvarez-Perea, MD, PhD

AFFILIATION: Servicio de Alergia, Hospital Materno Infantil Gregorio Marañón, Madrid, Spain.

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Signature: ___________________________ Date: September 18, 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Philippe EIGENMANN

AFFILIATION: University Hospitals of Geneva, Switzerland

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: ___________________________  Date: 05.09.2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Adam Fox

AFFILIATION: Guy’s & St Thomas’ Hospitals NHS Foundation Trust

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

Signature: Adam Fox

Date: 5/9/17
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Graham Roberts

AFFILIATION: University of Southampton

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

Type of affiliation / financial interest

Receipt of grants/research supports: ALK supported research activities

Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker’s bureau: Speaker at symposia organized by ALK & Allergy Therapeutics

Stock shareholder: None

Spouse/partner: None

Other support (please specify): Patent for the use of HDM immunotherapy for allergy prevention

Signature: [Signature]

Date: 4th September 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Pablo Rodríguez del Río.......... 

AFFILIATION: Niño Jesús Hospital, Madrid

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☐ 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:                                       Aimmune

Receipt of honoraria or consultation fees:                                  Allergy Therapeutics

Participation in a company sponsored speaker’s bureau:                     Leti, ALK-Abelló, Allergy Therapeutics, Aimmune, HAL allergy, MEDA

Stock shareholder:                                                         None

Spouse/partner:                                                            None

Other support (please specify):                                            None

Signature:                                                                  Date: 6th of September 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Nikolaos G. Papadopoulos

AFFILIATION: Professor of Allergy and Pediatric Allergy
Division of Infection, Immunity & Respiratory Medicine
University of Manchester
and
Professor in Allergology- Pediatric Allergology,
Head, Allergy Dpt, 2nd Pediatric Clinic, University of Athens

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 the following potential conflict(s) of interest to report

<table>
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<tr>
<th>Type of affiliation / financial interest</th>
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<td>Receipt of grants/research supports:</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Abbvie, Novartis, MEDA, MSD, MEDA, Omega Pharma, Danone</td>
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<td>Advisory Board:</td>
<td>Novartis, Faes Farma, BIOMAY, HAL, Nutricia Research</td>
</tr>
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</table>

Signature:  
Date: 07/09/2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : PAUL TURNER

AFFILIATION: IMPERIAL COLLEGE LONDON

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

Signature:  
Date:  8 September 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Alexandra Figueira Santos

AFFILIATION: King’s College London & Guy’s and St Thomas’ Hospital, London, United Kingdom

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

X 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: Thermofisher, Nutricia, Infomed

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:       Date:  13.09.2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: ……Carina Venter

AFFILIATION:

Carina Venter PhD RD | Assistant Professor of Pediatrics, Section of Allergy & Immunology
University of Colorado Denver School of Medicine | Children's Hospital Colorado
Children's Hospital Colorado | 13123 East 16th Avenue, Box B518 | Anschutz Medical Campus |
Aurora, CO 80045
Phone: (720) 777-6844 | Fax: (720) 777-7247 | Carina.Venter@childrenscolorado.org

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

Type of affiliation / financial interest

Receipt of grants/research supports:
ThermoFisher

Receipt of honoraria or consultation fees:
Danone/Mead Johnson/Nestle

Participation in a company sponsored speaker’s bureau:
Danone

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Carina Venter

Date: September 5, 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Dr Christina Jones

AFFILIATION: Brighton & Sussex Medical School

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

Date: 07/09/2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...........Adnan Custovic.............

AFFILIATION: ........Imperial College London..........

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

Type of affiliation / financial interest                                      Name of commercial company

Receipt of grants/research supports:                                          N/A

Receipt of honoraria or consultation fees:                                   Novartis, Boehringer Ingelheim, ALK, MySpiro

Participation in a company sponsored speaker’s bureau:                      Novartis, Thermo Fisher

Stock shareholder:                                                          

Spouse/partner:                                                             

Other support (please specify):                                             

Signature:                                                                    Date: 15/09/2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Frans Timmermans
AFFILIATION: Nederlands Anafylaxis Netwerk

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>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: [Signature]
Date: September 13, 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: JONATHAN O’B HOURIHANE

AFFILIATION: UNIVERSITY COLLEGE CORK, IRELAND

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

Type of affiliation / financial interest
Receipt of grants/research supports:

Name of commercial company
DBV TECHNOLOGIES
AIMMUNE CORPORATION
NCRC IRELAND
CITY OF DUBLIN HOSPITAL CHARITY
AIMMUNE CORPORATION

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

DBV, THERMOFISHER, NUTRICIA

Signature: ______________________ Date: Sept 5th 2017

Hourihane
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME : ......Dr Sian Ludman..............................................

AFFILIATION: ......Royal Devon and Exeter NHS Foundation Trust.............................................

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            Name of commercial company

Receipt of grants/research supports:             Mead johnson, T+R Derma

Receipt of honoraria or consultation fees:       

Participation in a company sponsored speaker’s bureau:  

Stock shareholder:        

Spouse/partner:             

Other support (please specify):  

Signature:  

Date: 14th September 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Musa R. Khaitov

AFFILIATION: NRC Institute of Immunology FMBA Russia

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: 14/09/2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: …Rosan Meyer…………………………………….

AFFILIATION: …Kings College London…………………………………….

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DISCLOSURE

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Type of affiliation / financial interest Name of commercial company

Receipt of grants/research supports: 

Receipt of honoraria or consultation fees: 
Danone, Nestle, Mead Johnson, Nutricia

Participation in a company sponsored speaker’s bureau: 
Danone, Nestle, Mead Johnson, Nutricia

Stock shareholder: 

Spouse/partner: 

Other support (please specify): 

Signature: 

Date: 13.09.2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME : Olympia Tsilochristou....

AFFILIATION: King’s College London, Division of Asthma, Allergy & Respiratory Science

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>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 15/09/2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: [Signature]
AFFILIATION: U2 Brussels

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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☐ 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

Signature: [Signature]
Date: 5/8/2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: …Robert Boyle…………..

AFFILIATION: …Imperial College London…………………………………….

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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☐ 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:…………………………………………………………………………………………

Date: 25th September 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: ...Esben Eller..............................

AFFILIATION: ...Odense University Hospital.................................

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

DISCLOSURE

X I have no potential conflict of interest to report

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: ____________________ Date: 15/9-2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Ting Fan LEUNG

AFFILIATION: Department of Paediatrics, The Chinese University of Hong Kong

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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 7 Sept 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Ballmer-Weber Barbara

AFFILIATION: Head of allergology, center of allergy and dermatology, Kantonsspital Luzern

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 honoraria or consultation fees: Honoraria for talks: ThermoFisher Scientific</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ___________________________ Date: 13.9.2017

Ballmer Weber Barbara
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Dr Helen Brough

AFFILIATION: Guy’s and St. Thomas’ NHS Foundation Trust and King’s College London

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

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<td>Research Support: ThermoFisher Scientific</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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Signature: [Signature]
Date: 12.09.17
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: George N. Konstantinou

AFFILIATION: 424 General Military Training Hospital, Thessaloniki, Greece

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: September 8th 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Giovanni B. Pajno
AFFILIATION: University of Messina- 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 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: 6th September, 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Jonathan Grigg

AFFILIATION: Queen Mary University of London

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>
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<tr>
<td>Receipt of honoraria or consultation fees: Vifor Pharma and GSK</td>
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<tr>
<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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<tr>
<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: ____________________________

Date: 6/9/17
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: LAU SUSANNE
AFFILIATION: Chem I, BE 1891, Germany

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 organizer 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

Name of commercial company

Receipt of grants/research supports: Symbiopharm, Allergopharma/Herbal
Receipt of honoraria or consultation fees: 
Participation in a company sponsored speaker's bureau: 
Stock shareholder: 
Spouse/partner: 
Other support (please specify): 

Signature: 
Date: 8 SEPT 2017

UEMS® – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Charlotte G Mortz

AFFILIATION: Dept. of Dermatology and Allergy Center, Odense University Hospital

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.

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<td>Other support (please specify):</td>
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Signature:  
Date: September 13th 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Lynne Regent

AFFILIATION: Anaphylaxis Campaign

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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</table>

Signature: Lynne Regent

Date: 14/09/17
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: JÜRGEN SCHWARZE

AFFILIATION: University of Edinburgh

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

Date: 11th September 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME : Henry “Tee” Bahnson

AFFILIATION: Benaroya Research Institute, Seattle WA and Immune Tolerance Network

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

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: [Signature]

Date: 14.5.2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Ömer KALAYCI

AFFILIATION: HACETTEPE UNIVERSITY

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

X 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: September 09, 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Gideon Lack

AFFILIATION: King’s College London

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 the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

Receipt of grants/research supports:

Name of commercial company

- National Institute of Allergy and Infectious Diseases (NIAID, NIH)
- Food Allergy & Research Education (FARE)
- National Peanut Board (NPB) - Support for Paediatric Allergy Clinical Trials Unit

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:** Gideon Lack  
**Date:** 18/9/17
Conflicts of Interest Disclosure Form
(to be completed by faculty members)

NAME: ........Neil Shah........................................

AFFILIATION: .....Great Ormond Street Hospital ........................................

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.

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<tbody>
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<td>Receipt of grants/research supports:</td>
<td>Nutricia, Mead Johnson, Nestle</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Nutricia, Mead Johnson, Nestle</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Nutricia, Mead Johnson, Nestle</td>
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<tr>
<td>Stock shareholder:</td>
<td>N/A</td>
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<td>Spouse/partner:</td>
<td>N/A</td>
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<td>Other support (please specify):</td>
<td>n/A</td>
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</tbody>
</table>

Signature: 

Date: 14/09/2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Mary Feeney

AFFILIATION: Dietitian

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

Signature: Feeney

Date: 19/9/2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Yukihiro Ohya
AFFILIATION: National Center for Child Health and Development

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 honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
<td>None</td>
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<td>Spouse/partner:</td>
<td>None</td>
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<td>Other support (please specify):</td>
<td>None</td>
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Signature: [Signature]
Date: 12th, Sep. 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME : ……Hugh A Sampson, MD…………………………………….

AFFILIATION: …Icahn School of Medicine at Mount Sinai…………………………………….

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  Name of commercial company

Receipt of grants/research supports:  None
Receipt of honoraria or consultation fees:  Hycor; UCB; and Allertein Therapeutics
Participation in a company sponsored speaker’s bureau:  None
Stock shareholder:  Allertein Therapeutics; stock options in DBV Technologies
Spouse/partner:  None
Other support (please specify):  60% FTE as CSO of DBV Technologies
                                  40% FTE as Prof. of Pediatrics, Icahn School of Medicine at Mount Sinai

Signature:                       Date: 09/25/2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Kari Nadeau

AFFILIATION: Stanford University

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: Kari C Nadeau  Date: September 5, 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: ........Gary WK Wong

AFFILIATION: ............Chinese University of Hong Kong

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

Signature: ____________________________ Date: Sept 5, 2017

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE81 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Assoc. Prof. Karin HOFFMANN-SOMMERGRUBER

AFFILIATION: Dept. of Pathophysiology and Allergy Research, Medical University of Vienna, AT

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:  
Date: Vienna, September 25, 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: ROBERT LEMANSKE, MD

AFFILIATION: UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

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: 9/13/17
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Dr Tom Marrs

AFFILIATION: Guy’s and St Thomas’ NHS Foundation Trust, King’s College London, London.

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 honoraria or consultation fees:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: ___________________________  Date: 15/09/17
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Marta

AFFILIATION: KRAWIEC

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: 14 Sep 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Marta...

AFFILIATION: KRAWIEC...

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<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: Marta

Date: 14 Sep 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: ANTONIO NIETO GARCIA

AFFILIATION: Head of Paediatric Pulmonology & Allergy Unit – Hospital La Fe – Valencia - 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.

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: | NOVARTIS, NUTRICIA, DIATER, MSD, INMUNOTEK
Receipt of honoraria or consultation fees: | NOVARTIS, NUTRICIA, DIATER
Participation in a company sponsored speaker’s bureau: | NOVARTIS, NUTRICIA, DIATER, MSD, INMUNOTEK, LETI, MENARINI
Stock shareholder: | NONE
Spouse/partner: | NONE
Other support (please specify): | NONE

Signature: [Signature]
Date: Sept 13rd 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Anna Nowak-Wegrzyn, MD, PhD
AFFILIATION: Icahn School of Medicine, New York, NY, USA

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LREs)", 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**  
Name of commercial company

Receipt of grants/research supports: None
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): International FPIES Association-chair of the medical advisory board-unpaid position

Signature: [Signature]
Date: 18 sept 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME:  Oat Heme Canvauter
AFFILIATION:  Department of Pediatric Allergy

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 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

Signature:  
Date:  06.09.2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Peter Smith

AFFILIATION: Griffith University Qld Australia. Qld Allergy Services Queensland Australia. Allergy Medical Group Brisbane

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**

- [x] 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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</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Site PI – DBV, PI-MEDA, AI – Griffith University</td>
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<td>University Stafford Fox, Mason Foundation, Qld State Government, Medical Research Foundation</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>NNI, Mundipharma, Astra Zeneca, Mylan, Novartis, GSK</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>NNI, Mundipharma, Astra Zeneca, Mylan, Novartis, GSK</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>Nil</td>
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<td>Spouse/partner:</td>
<td>No</td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
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</tbody>
</table>

**Signature:**

**Date:** 14 September 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: .........Prof. Dr. Petra Staubach.................................

AFFILIATION: .........Department of Dermatology University Medical Center Mainz Germany.

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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

Speaker and/or advisor for Abbott, Abbvie, Almirall, Astella, Allergika, Biocrates, Biogen Idec, Biogen, CSL Behring, Essex Pharma, Hans Karrer, Klosterfrau, Lilly, Leo Pharma, Leti Pharma, Meda, Novartis, MSD, Pfizer, Pfleger, Pohl-Boskamp, Karrer, Shire, Schering-Plough, Sobi, Viropharma.

Signature: ................................................................. Date: 10th Sept. 2017
**Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME: ...Rebecca Knibb........................................

AFFILIATION: ...Aston University.........................................

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

Signature: ........................................ Date: 12.9.17
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: …Schoepfer Alain, MD ......................................................

AFFILIATION: ……Division of Gastroenterology and Hepatology, Centre Hospitalier Universitaire Vaudois and University of Lausanne, 1011 Lausanne, Switzerland

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

X 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: FALK, Adare, Receptos, Regeneron, GSK

Receipt of honoraria or consultation fees: FALK, Adare, Receptos, Regeneron, GSK

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Alain Schoepfer Date: October 1st 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Stephen R Durham

AFFILIATION: Imperial College London

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<td>Receipt of grants/research supports:</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 14/09/17