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

NAME: Leif Bjermer

AFFILIATION: Dept of Respiratory Medicine & Allergology, Skane University Hospital, University of Lund, Sweden

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>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>No</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>ALK, AZ, Boehringer, Chiesi, GSK, Meda, Novartis, Teva</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>No</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>No</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>No</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: ____________________________ Date: 2018-01-29
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Zuzana Diamant
AFFILIATION: Lund University, Lund Sweden and UMCG & QPS-NL, Groningen, 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.

DISCLOSURE

☐ I have no potential conflict of interest to report

X I have the following potential conflict(s) of interest to report (in the past 3 y)

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>I work as Director Respiratory/Allergy for a</td>
</tr>
<tr>
<td></td>
<td>CRO (QPS-NL) who performs phase I/II studies</td>
</tr>
<tr>
<td></td>
<td>for pharmaceutical companies</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Aerocrine, Acucort, ALK, Aquilon, Astrazeneca,</td>
</tr>
<tr>
<td></td>
<td>Boehringer Ingelheim, CSL Behring, HAL</td>
</tr>
<tr>
<td></td>
<td>Allergy, Gilead</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>MSD, Benecke BV, Springer</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>NA</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>NA</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>NA</td>
</tr>
</tbody>
</table>

Signature: [Signature]
Date: 27 Mar 2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Petr Pohunek, MD PhD

AFFILIATION: Paediatric Pulmonology, Paediatric Department, 2\textsuperscript{nd} Faculty of Medicine of Charles University Prague and University Hospital Motol. V Uvalu 84 Prague, Czech Republic

In accordance with criterion 14 of document UEMS 2016/20 “EACCME\textsuperscript{®} 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\textsuperscript{®} 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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<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>None</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Novartis, TEVA, SANDOZ, AstraZeneca</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>None</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>None</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>None</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>None</td>
</tr>
</tbody>
</table>

Signature: __________________________ Date: 27 March 2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: prof. Ilja Striz, MD, PhD
AFFILIATION: Institute for Clinical and Experimental Medicine, Prague, Czech Republic

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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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: 28th March 2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

MUDr. Nina Benáková, Ph. D.
NAME: ..............................................

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

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

NAME: ........ Anna Sediva..............................................

AFFILIATION: Department of Immunology, 2nd Medical faculty, Motol University Hospital, Prague, Czech Republic..............................................

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

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): Novartis, participation in a clinical trial with a specific PI3K inhibitor

Signature: [Signature] Date: 28.03.2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...........Petr Panzner..............................................

AFFILIATION: ...Dept. of Immunology and Allergology, Faculty of Medicine in Pilsen,
Charles University, Czech Republic...........................................

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

Signature: Petr Panzner
Date: 30 March 20
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.

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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):

Name of commercial company

GSK

Alimentary Health Ltd

Signature: [Signature]

Date: 30th July 2017

UEMS® is the 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: Ioana Agache

AFFILIATION: Transylvania University, Brasov, Romania

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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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: 07/08/2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Philippe Gevaert

AFFILIATION: Ghent University

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

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**Type of affiliation / financial interest**

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>BMS, Regeneron, Sanofi, Roche, Novartis, Genetec</td>
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<tr>
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<tr>
<th>Participation in a company sponsored speaker’s bureau:</th>
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<tbody>
<tr>
<td>BMS, Regeneron, Sanofi, Roche, Novartis, Genetec, Ablynx</td>
</tr>
</tbody>
</table>

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 5 Oct 2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: prof. dr. Martina Vataова Ph.D.
AFFILIATION: Thomayer Hospital

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.

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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: [Signature]
Date: 21.12.2017
NAME: Parameswaran Nair

AFFILIATION: McMaster University, Hamilton, Ontario, Canada

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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:

AZ, Teva, Sanofi, Roche, BI, Novartis

Receipt of honoraria or consultation fees:

AZ, Teva, Sanofi, Roche, Theravance, Knopp, Merck, GSK, Novartis

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: ___________________________ Date: 1th January 2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Dr. Adam Chaker

AFFILIATION: Dept. of Otolaryngology, Allergy Section and Center of Allergy and Environment, Klinikum rechts der Isar, Technical University Munich

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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:
All consultant arrangements are contracted via Technical University Munich.

Participation in a company sponsored speaker’s bureau:

Stock shareholder: n.a.
Spouse/partner: n.a.

Name of commercial company
ALK-Abello; Allergopharma; ASIT Biotech; Bencard/AllergenTherapeutics; HAL Allergy; LETI; GSK; Roche; Thermo Fisher; Novartis:

Allergopharma
ALK-Abello
Mundipharma
Lofarma
n.a.
Other support (please specify):

Research support by DZL (BMBF) and Umweltbundesamt Deutschland

Travel reimbursement by non-profit Allergy Societies, speaker honoraria: DGAKI (Germany) and EAACI (Europe)

DGAKI, and SMI.

Signature:

Dr. med. Adam Chaker

Date: [Signature]