

**POTENTIAL CONFLICT OF INTERESTS DISCLOSURE FORM**

The participants in a continuing medical education (CME) or continuing professional development (CPD) activity should know in advance of any affiliation or financial interest that could influence the presentation of a speaker, a workshop leader or a resource person. The intention of disclosure is not to prevent a presenter with a potential conflict of interests from speaking, but to inform the audience in advance of the possible affiliations or financial interests. Since these facts are known openly, the participants can render an informed judgement on the content of the presentation itself.

Affiliation means, for example, acting as an advisory board member for a pharmaceutical company; financial interest means, for example, accepting an invitation, gratuity or remuneration for services rendered, royalties or research funds from a business corporation, or holding a financial interest in an enterprise.

**Declaration of the resource person (speaker, facilitator, scientific committee member or others).**

I currently have, or I have had in the past two years, an affiliation with/or financial interest of any nature in a business corporation, or I receive remuneration, royalties or research grants from a business corporation:

**\*\*** No  Yes

If yes, specify the type of affiliation (for example: I am an advisor for the XYZ company, I have been invited recently by the XYZ company, I have been speaker for company XYZ, I am receiving research funds from the XYZ company, I am holding shares in actions the XYZ company, etc.), the name(s) of the business corporation(s) (pharmaceutical or other) and the period covered by the affiliation.

Type of affiliation	Name of the corporation	Period (s) 2022-2023

Statement example:

Title - Poster/abstract/clinical trials: "....."

- No conflicts of interest to declare
- Conflicts of Interest: Consultant for YXZ Company Inc. and date

I have read and understand the information:

I refuse:  reasons: .....

Name, First name: .....

Title: .....

Date: .....

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Join your Scientific Abstract in WORD format**

You will shortly receive from us a confirmation of your registration.

You have changes to make on your abstract? Please send your requests to:

@: [melanie.appadoo@ssvq.org](mailto:melanie.appadoo@ssvq.org)

☎ : 438.275.5969

Good luck!