



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
T + 32 2 649 51 64
eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: DAVID GONZALEZ DE OLANO

AFFILIATION: HOSPITAL RAMON Y CAJAL, MADRID, SPAIN

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imburement 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: 

Date: 26 / MAY / 2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: TOMÁS CHIVATO PÉREZ

AFFILIATION: VICEPRESIDENT EDUCATION AND SPECIALTY EACCI
PRF. SCHOOL OF MEDICINE UNIVERSITY CEU SAN PABLO
MADRID. (SPAIN)

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

FUNDACION MUTUA MADRIEÑA

Receipt of honoraria or consultation fees:

ALK, URIACH

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

23th MAY 2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: PATRIZIA BONADONNA

AFFILIATION: AUERGENCY UNIT AZIENDA OSPEDALIERA
UNIVERSITARIA INTEGRATA

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement 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: BWPRENT

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

24/5/2024

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



**EUROPEAN UNION OF MEDICAL
SPECIALISTS**
**The European Accreditation
Council for
Continuing Medical Education –
EACCME®**

Institution of the UEMS_{aisbl}

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
www.eaccme.eu

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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organising Committee Members)

NAME : Arantza Vega Castro

AFFILIATION: Allergy Department, Hospital Universitario de Guadalajara, Spain

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

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Name of commercial company

Spanish Society of Allergy and Clinical Immunology, Allergy Therapeutics, Immunotek, GSK

ALK, Allergy Therapeutics, Immunotek,

Leti SL, Roxall, Novartis, Allergy Therapeutics

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:

Spouse/partner:

Other support (please specify):

A handwritten signature in black ink, appearing to be a stylized 'L' or similar character, enclosed in a light blue rectangular box.

Signature:

Date: 23 May, 2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ELISA BONI

AFFILIATION: UNIT OF CLINICAL IMMUNOLOGY - MAGGIORE HOSPITAL - AUSL BOLOGNA, ITALY

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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

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:

Elise Boni

Date:

21/5/2024



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Christine Breynaert.....

AFFILIATION: KU Leuven / UZ Leuven, Belgium

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment 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: Anallergo, Thermofisher

Receipt of honoraria or consultation fees: ALK, Anallergo, Celltrion

Participation in a company sponsored speaker's bureau: ALK, Thermofisher

Stock shareholder: NA

Spouse/partner: NA

Other support (please specify): NA

Signature: 

Date: 17-05-2024