Conflict of Interest Declaration

Event Name: III ASNS CONGRESS 2026
Event Dates 14 November 2026

Full Name:_____
Workplace:_____

Type of Relationship	Company Name	Description
☐ **Research/Service Funding**		_____
☐ **Advisory Board Member/Consultant**		_____
☐ **Speaking Honoraria**	_____	
☐ **Shareholder/Investor Participation**	_____	

1. **Declaration of Financial Relationships**
   - ☐ I declare that I do **NOT** have any financial relationship with any pharmaceutical, biotechnology or medical device company related to this event.

I declare that I have financial relationships related to this event (tick all applicable options):
Other (please specify)_____
* Financial relationships include any compensation, grant, shares, honoraria, advisory roles or research support related to the activity.

2. **Compliance with Scientific Content**

I confirm that my presentation will be evidence-based and unbiased.

- I will ensure that I avoid the use of trade names of medicines/medical devices.
- If I discuss off-label uses of any product, I will make this clear during my presentation.
- I declare that the content of my presentation is not influenced by Commercial Interest or other interests outside those of continuing education.

Declaration and Signature

I, _____**,** declare that the information provided above is accurate and true to the best of my knowledge.

Signature: _____

Date: _____