ÄRZTEKAMMER HAMBURG
Körperschaft des öffentlichen Rechts

FORTBILDUNGSAKADEMIE

Disclosure of conflicts of interest
Declaration of speakers

Surname / First Name: _____

Street: _____

Postcode / Location: _____

~~FILE NUMBER~~: _____
Abstract- Title

For the event (title) DGMKG Congress / PFS 2020

on 17. - 20.06.2020 supported by see program
am I as a speaker.

The contract of my activities as a speaker of this
event I made with no contract

- I assure to keep my presentations company- and product-neutral yes ◯ no ◯
- organizer or sponsor take no control on my presentation

  yes (take no controll) ◯ no (take controll) ◯
- to the participant I will disclosure my conflicts of interests

  (e.g. on the first slide) yes ◯ no ◯

My fee for the requested event is: ---------- €.

Within the last three years I have of above mentioned Companies received the following funding

Fees for lectures and / or consultancy work	yes ◯	no ◯
Accommodation and travel costs	yes ◯	no ◯
Shares or financial interest	yes ◯	no ◯
Research and study funding	yes ◯	no ◯

I confirm that my above-mentioned Information is complete and correct

_____ _____

place, date, signature

This sheet is a self-disclosure and provide transparency under training and sponsorship.

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