The scientific and/or organising committee

Please provide one single PDF document containing the information below:

1) Co-Chairs Scientific Programme Committee

   (criterion xiii, paragraphs 23 & 24)

   ▶ Professional title: Full Professor of Medicine, Head Clinical Service and Research Laboratory of Bone Diseases, First name: Serge
   Last name: Ferrari
   Affiliation: University of Geneva
   Address: Geneve, Switzerland
   E-mail address: serge.ferrari@unige.ch
   Tel.: +41 22 382 9952

   ▶ Professional title: Director and Senior Consultant
   First name: Manju
   Last name: Chandran
   Affiliation: Singapore General Hospital,
   Address: 20 College Road, Academia, Singapore 169856
   E-mail address: Manju.chandran@singhealth.com.sg
   Tel.: +6563214654

   ▶ Please add the completed and signed “Conflict of Interest Disclosure Form” of the head of the Scientific and/or Organising Committee using the appropriate EACCME form available for download on our website www.eaccme.eu.

2) Members of the Scientific and/or Organising Committee

   (criterion xiii, paragraphs 23 & 24)

Meeting Chairs
Joon-Kiong Lee, Co-Chair, MYS
John A. Kanis, Co-Chair, UK

Scientific Programme Committee

Manju Chandran, Co-Chair, SGP
Serge Ferrari, Co-Chair, CHE
Slok-Bee Chionh, SGP
Cyrus Cooper, UK
Bess Dawson-Hughes, USA
Tobias De Villiers, ZAF
Peter Ebeling, AUS
Hiroshi Hagino, JPN
Andrew Ho, HKG

Ko-En Huang, TWN
John A. Kanis, UK
Sarah Lekamwasam, SKA
Xu Ling, CHN
Ambrish Mithal, IND
Shigeyuki Muraki, JPN
Toshitaka Nakamura, JPN
Dominique Pierroz, CHE
Jean-Yves Reginster, BEL
Local Organizing Committee
Siok-Bee Chinoh, Chair, SGP
Seng Bin Ang, SGP
Ding-Cheng (Derrick) Chan, TWN
Fang Ping Chen, TWN
Vivien Lim, SGP
Alvin Ng, SGP

➢ Professional title:
First name:
Last name:
Organisation:
Address:
E-mail address:
Tel.:

➢ Please add the completed and signed “Conflict of Interest Disclosure Form” of each member of the Scientific and/or Organising Committee using the appropriate EACCME form available for download on www.eaccme.eu.

3) Please explain how any actual conflicts of interest involving members of the Scientific and/or Organising Committee have been resolved.

Please see separate letter attached

(criterion xv, paragraph 25)

Where there is an actual conflict of interest involving a member of the Scientific and/or Organising Committee, the EACCME® must be informed of how this has been resolved. The EACCME® considers it a responsibility of the head of the Scientific and/or Organising Committee to ensure that actual conflicts of interest are addressed.
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: DATO’ DR
First name, Last name: JOON-KIONG, LEE
Affiliation: JK LEE ORTHOPAEDIC & TRAUMATOLOGY
Address: 923A, JALAN 17/38, 46400 PETALING JAYA, SELANGOR, MALAYSIA
E-mail address: osteoporosis_jklee@yahoo.com
Tel.: +603 79603182

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**

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: 19TH NOVEMBER 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: John A Kanis
Affiliation: University of Sheffield
Address: Medical School, Beech Hill Rd, Sheffield S10 2RX, UK
E-mail address:w.j.pontefract@shef.ac.uk
Tel.: +441142851109

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:

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<th>Name of commercial company</th>
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<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: ____________________________ Date: 17th November 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: Serge Ferrari
Affiliation: Medicine at the Faculty of Medicine, University of Geneva
Address: Service of Bone Diseases Department of Rehabilitation and Geriatrics Geneva
E-mail address: serge.ferrari@unige.ch
Tel.: +41 22 382 99 52

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

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<tbody>
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<td>AMGEN, UCB, MSD</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>AMGEN, GSK, UCB, MSD, Agnovos</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: [Signature]
Date: Nov 16, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Manju Chandran
Affiliation: Singapore General Hospital
Address: Department of Endocrinology, Singapore General Hospital, 20 College Road, Academia, Singapore 169856
E-mail address: Manju.chandran@singhealth.com.sg
Tel.: +6563214654

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

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: May 17 2016
Conflict of Interest Disclosure Form

Professional title: Dr
First name, Last name: Siok Bee CHIONH
Affiliation: Senior Consultant, National University Hospital
Address: Dept of Medicine, NUHS Tower Block, 1E Kent Ridge Road, Singapore 119228
E-mail address: Siok_Bee_Chionh@nuhs.edu.sg
Tel.: (65)96621879

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: | N.A. |
| Receipt of honoraria or consultation fees: | N.A. |
| Participation in a company sponsored speaker's bureau: | N.A. |
| Stock shareholder: | N.A. |
| Spouse/partner: | N.A. |
| Other support (please specify): | N.A. |

Signature: [Signature]
Date: 17th November 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: Cyrus Cooper
Affiliation: MRC Lifecourse Epidemiology Unit, University of Southampton
Address: MRC LEU, MP 95, Southampton General Hospital, Southampton SO16 6YD, UK
E-mail address: cc@mrc.soton.ac.uk
Tel.: +44 (0)23 8077 7624

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:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Alliance for Better Bone Health; Amgen; Eli Lilly; GSK; Medtronic; Merck; Novartis; Pfizer; Roche; Servier; Takeda; UCB.
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

Professional title: Professor of Medicine
First name, Last name: Bess Dawson-Hughes
Affiliation: USDA Human Nutrition Research Center on Aging at Tufts University
Address: 711 Washington St, Boston, MA 02111, USA
E-mail address: bess.dawson-hughes@tufts.edu
Tel.: 617 556 3066

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                                  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: Bess Dawson-Hughes  Date: Nov 16, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Tobias de Villiers
Affiliation: Stellenbosch University
Address: 118 Panorama Medi Clinic, Parow, 7500, South Africa
E-mail address: toble@iafrica.com
Tel.: +2721 930 4433

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               Name of commercial company
Receipt of grants/research supports:                 None
Receipt of honoraria or consultation fees:          Abbott, Bayer, MERCK, Pfizer, Adcock Ingram
Participation in a company sponsored speaker’s bureau: Abbott, Bayer, MERCK, Pfizer, Adcock Ingram
Stock shareholder:                                  None
Spouse/partner:                                     None
Other support (please specify):                     None

Signature:                                         Date: 17 November 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professor
Peter R Ebeling AO
Department of Medicine, School of Clinical Sciences, Monash University
Level 5, Block E, 246 Clayton Road, Clayton, VIC 3168
E-mail address: peter.ebeling@monash.edu
Tel.: +61385722570

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: Amgen, GSK, Novartis, Eli-Lilly, Merck

Receipt of honoraria or consultation fees: Amgen, Eli-Lilly, Merck

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 30 November 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title:
First name, Last name: Hiroshi, Hagino
Affiliation: Tottori University
Address: 86 Nishicho, Yonago city, Tottori, 683-8503 Japan
E-mail address: hagino@med.tottori-u.ac.jp
Tel.: +81 85938 6308

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

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☐ 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: Nov. 18, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Andrew, Ho
Affiliation: Department of Medicine & Geriatrics, Tuen Mun Hospital
Address: 23 Tsing Chung Koon Road, Tuen Mun, N.T., HONG KONG
E-mail address: andrewyyho@gmail.com
Tel.: 852-24686799

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

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

Signature: [Signature]
Date: 23/11/2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

Professional title: Professor of Obstetrics and Gynecology; MD, FACOG
First name, Last name: Ko-En Huang
Affiliation: Chang Gung University/Chang Gung Memorial Hospital
Address: 123 Ta-Pei Road, Niao-Sung, Kaohsiung, Taiwan 83305
E-mail address: khuang@adm.cgmh.org.tw
Tel.: +886-7-733-6676; +886-919583270 (cell)

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□ 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:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: November 18, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: John A Kanis
Affiliation: University of Sheffield
Address: Medical School, Beech Hill Rd, Sheffield S10 2RX, UK
E-mail address: w.j.pontefract@shef.ac.uk
Tel.: +441142851109

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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:

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<td>Spouse/partner:</td>
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<td></td>
</tr>
</tbody>
</table>

Signature: [Signature]
Date: 17th November 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organizing committee members and faculty)

Professional title: Professor
First name, Last name: Sarath Lekamwasam
Affiliation: Department of Medicine, Faculty of Medicine
Address: Karapitiya, Galle, Sri Lanka 80000
E-mail address: slekamwasam@gmail.com
Tel.: +94777275360

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 organizer 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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☐ 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: [Signature]

Date: 17/Nov/2015

Professor Sarath Lekamwasam
Dean
Faculty of Medicine
University of Kelaniya
Galle
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: Ling Xu
Affiliation: Peking Union Medical College Hospital, Beijing China
Address: No1 Shuaifuyuan, Wangfujing, Beijing 100730 China
E-mail address: xuling@pumch.cn
Tel.: 86-10-69156242

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

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☐ 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: Ling Xu
Date: November 30, 2015
European Union of Medical Specialists
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEa§a§b1

Rue de l'Industrie, 24
BE- 1040 Brussels
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uem.eu

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

Professional title: DOCTOR
First name, Last name: AMBRISH MITAL
Affiliation: MEDANTA - THE MEDICITY
Address: SECTOR-38, GURGAON, HARYANA-122001, INDIA
E-mail address: ambrish.mital@hot-mail.com
Tel.: 9811019093

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

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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:
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Name of commercial company

Signature: ___________________________ Date: 16th Jan 2016

UEMSa§a§b1 – Union Européenne des Médecins Spécialistes © Rue de l’Industrie 24, BE-1040 Bruxelles
IBAN BE28 0001 3283 3820 BIC (SWIFT) BPOTBE81 BBVA NV VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Associate Professor
First name, Last name: Shigeyuki Muraki
Affiliation: Department of Joint Disease Research, 22nd Century Medical and Research Center, the University of Tokyo
Address: 7-3-1, Hongo, Bunkyo-ku, Tokyo, Japan
E-mail address: murakis-ort@h.u-tokyo.ac.jp
Tel.: +81-3-5800-9178

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DISCLOSURE

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

Signature: [Signature]
Date: [18/01/2016]
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Hospital Director
First name, Last name: Toshitaka NAKAMURA
Affiliation: Center Hospital of The National Center for Global Health and Medicine
Address: 1-21-1 Toyama Shinjuku-ku Tokyo, Japan Zip162-8655
E-mail address: t-nak@utopia.ocn.ne.jp
Tel.: +81-90-3321-5358

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**  
Name of commercial company

Receipt of grants/research supports:
Asahi Kase Pharm. MSD, Chugai, Teijin, Ajinomoto

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:
Dai-ichi-Sankyo,

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:  
Date: Nov. 27/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Dominique Pierroz
Affiliation: International Osteoporosis Foundation
Address: 9, rue Juste-Olivier, 1209 Nyon, Switzerland
E-mail address: dpierroz@iofbonehealth.org
Tel.: +41 22 994 01 00

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

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<tr>
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</thead>
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<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: [Signature]

Date: Nyon, Nov 19, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: [Prof. Dr. J. Doe, M.D.]
First name, Last name: Jean Doe, John Doe
Affiliation: Dept of Public Health, Epidemiology and Health Economics, University of Liège
Address: CHU Saint-Pieter, Groenen Hospitaal, Avenue Hippocrate 13, 1000 Brussels, Belgium
E-mail address: jyr.ch@ulg.ac.be
Tel.: +32 4 36 40 236

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                          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: [November 17, 2015]
Disclosure Statement of Potential Conflicts of Interest

Name: Jean-Yves REGINSTER on behalf of the Department of Public Health, Epidemiology and Health Economics of the University of Liège, Liège, Belgium

Consulting fees or paid advisory boards:

Servier, Novartis, Negma, Lilly, Wyeth, Amgen, GlaxoSmithKline, Roche, Merckle, Nycomed, NPS, Theramex, UCB.

Lecture fees when speaking at the invitation of a commercial sponsor:

Merck Sharp and Dohme, Lilly, Rottapharm, IBSA, Genevrier, Novartis, Servier, Roche, GlaxoSmithKline, Teijin, Teva, Ebewee Pharma, Zodiac, Analis, Theramex, Nycomed, Novo-Nordisk, Nolver.

Grant Support from Industry:

Bristol Myers Squibb, Merck Sharp & Dohme, Rottapharm, Teva, Lilly, Novartis, Roche, GlaxoSmithKline, Amgen, Servier.

Liège, 17.11.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Prof
First name, Last name: René Rizzoli
Affiliation:
Address:
E-mail address: rene.rizzoli@unige.ch
Tel.:

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                  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: November 16 2015
Conflict of Interest Disclosure Form

Professional title: Prof
First name, Last name: Ego Seeman
Affiliation: Austin Health, University Melbourne
Address: Waterdale rd Heidelberg
E-mail address: egos@unimelb.edu.au
Tel.: 61432685056

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 | Name of commercial company
--- | ---
Receipt of grants/research supports: | Amgen, Asahi pharma,
Receipt of honoraria or consultation fees: | Amgen, Allergan
Participation in a company sponsored speaker’s bureau: | Amgen, MSD
Stock shareholder: | Straxcorpt
Spouse/partner: | -
Other support (please specify): | -

Signature: ___________________________ Date: 18 Nov 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title:  Professor
First name, Last name: Atsushi, Suzuki
Affiliation: Division of Endocrinology and Metabolism, Fujita Health University
Address: 1-98 Dengakugakubo, Kutsukake, Toyoake, Aichi 470-1192, Japan
E-mail address: aslapin@fujita-hu.ac.jp
Tel.: +81-562-93-9242

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

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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:

Name of commercial company
MSD, Chugai, Pfizer, Kissei, Taisho-Toyama, Astellas, Sanofi, Asahikasei, Kowa, Ono, Kyowa Hakko Kirin, Novo-Nordisk, Daiichi-Sankyo, Tanabe-Mitsubishi, Shionogi, Eisai, Terumo
Eli-Lilly, Pfizer, Kissei, Taisho-Toyama, Astellas, Sanofi, Asahikasei, Kowa, AstraZeneca, Ono, Kyowa Hakko Kirin, Novo-Nordisk, MSD, Novartis, Bayer, Daiichi-Sankyo, Teijin, Ajinomoto, Tanabe-Mitsubishi, Takeda
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:  

Date: 16 January, 2016

ATSUSHI SUZUKI
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: Nikhil Tandon
Affiliation: All India Institute of Medical Sciences, New Delhi
Address: Room 312, 3rd Floor Biotechnology Block, Department of Endocrinology and Metabolism, All India Institute of Medical Sciences, New Delhi - 110029, India
E-mail address: nikhil_tandon@hotmail.com
Tel.: +91-9818211663

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 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:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Name of commercial company
Novo Nordisk, Sanofi, Novartis, MSD
None
None
None
No conflicts
Nil

Signature: _____________________________ Date: 28/11/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Associated Prof
Name: Chih-Hsing Wu
Affiliation/Organisation: Department of Family Medicine, National Cheng Kung University
Hospital
Address: 138 Sheng-Li Road, Tainan, 70428, Taiwan
E-mail address: paulo@mail.ncku.edu.tw
Tel.: + 886-6-2353535, ext 5210, 5200

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
Name of commercial company
Receipt of grants/research supports:
Merck, Eli Lilly, Novartis, Roche, Abbott, Pfizer, Boehringer and Servier laboratories
Receipt of honoraria or consultation fees:
Eli Lilly, Novartis, Roche, Abbott, Pfizer, Boehringer, Bayers, Takeda, Merck, Sanofi-Aventis, GlaxoSmithKline, Servier laboratories, GE Lunar, Schering-Plough, Bristol-Myers Squibb and AstraZeneca
Participation in a company sponsored speaker’s bureau:
No
Stock shareholder:
No
Spouse/partner: No
Other support (please specify): No

Signature: [Signature]
Date: 2015-11-16
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Noriko Yoshimura
Affiliation: 22nd Century Medical and Research Center The University of Tokyo
Address: Hongo 7-3-1, Bunkyo-ku Tokyo, 110-0008 Japan
E-mail address: yoshimuran-ort@h.u-tokyo.ac.jp
Tel.: +81 3 5800 9178

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

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: Noriko Yoshimura

Date: 19th, February, 2016
Conflict of Interest Disclosure Form

Professional title: Dr
First name, Last name: Siok Bee CHIONH
Affiliation: Senior Consultant, National University Hospital
Address: Dept of Medicine, NUHS Tower Block, 1E Kent Ridge Road, Singapore 119228
E-mail address: Siok_Bee_Chionh@nuhs.edu.sg
Tel.: (65)96621879

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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>N.A.</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>N.A.</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>N.A.</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>N.A.</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>N.A.</td>
</tr>
</tbody>
</table>

Signature: [Signature]
Date: 17th November 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Adj Assistant Professor
First name, Last name: Seng Bin, Ang
Affiliation: KK Women’s and Children’s Hospital, Duke-Nus Graduate medical schools
Address: 8 Eden grove, #03-09, Singapore 539060
E-mail address: Ang.seng.bin@singhealth.com.sg
Tel.: 63941102

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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
Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: MSD, GSK

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title:
Ding-Cheng (Derrick) Chan, MD.PhD, FACP
Superintendent National Taiwan University Hospital Chu-Tung Branch,
Clinical Associate Professor of Internal Medicine
Address: No.52, Zhishan Rd., Zhudong Township, Hsinchu County 310,
Taiwan
Tel: (O) 886-3-5967668 FAX 886-3-5944170 Mobile: 886-972651891
Email: doctor66226@yahoo.com, dingchengchan@ntu.edu.tw

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
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organiser 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
Receipt of grants/research supports: Eli Lilly, MSD, GSK, Harvest, and TCM Bio
Receipt of honoraria or consultation fees: Eli Lilly, MSD, GSK, Harvest, and TCM Bio
Participation in a company sponsored speaker’s bureau: No
Stock shareholder: No
Spouse/partner: No
Other support (please specify): No

Signature: __________________________ Date: 03/08/2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: Fanf-Ping, Chen
Affiliation:
Address: 222, Maijin Road, Keelung, Taiwan, R.O.C
E-mail address: fangping@cgmh.org.tw
Tel.: +886-2-24313131

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

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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: Fanf-Ping, Chen
Date: 2015/11/19
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Vivien Lim
Affiliation: 0 Naper Road, #03-17/18, Singapore 258499
Address: 65-01/02/04/06裕 tema ave,
E-mail address: vivienclim@gmail.com
Tel.: 65-91867207

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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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Sanofi, AstraZeneca, Boehringer-Ingelheim, Merck, Janssen, Sanoften, BMS,</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>All the above + Servier, JSR,</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: ___________________________  Date: ______/____/____

UEMS® – Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles
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 and faculty)

Professional title: Dr
First name, Last name: Alvin Ng
Affiliation: The Endocrine Clinic, Mount Elizabeth Novena
Address: 38 Irrawaddy Road, Units 08-55/56/57, Singapore 329563
E-mail address: drng@the-endo-clinic.com
Tel.: 65702683 (Work), 65702682 (Fax), 93244168 (HP)

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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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Johnson&Johnson, AstraZeneca

Participation in a company sponsored speaker’s bureau: GSK

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 30/11/2015

UEMS® – Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Re: Conflict of Interest

Dear Madam,
Dear Sir,

I am writing in my capacity as scientific programme committee co-chair of the IOF Regionals 6th Asia-Pacific Osteoporosis Meeting, to inform you that there are no actual conflicts of interest to report involving the members of the Local Organizing Committee, Scientific Programme Committee and meeting faculty. The declared potential interests are not directly related to the educational content of the IOF Regionals 6th Asia-Pacific Osteoporosis Meeting.

I herewith confirm that all faculty members have been asked to declare to the audience all potential conflicts of interest in a single slide prior to their presentation(s).

Sincerely,

[Signature]

Professor Serge Ferrari
Meeting Co-Chair
Vice-Chair IOF Committee of Scientific Advisors
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Assistant Professor
First name, Last name: Diarmuid, Murphy
Affiliation: National University Hospital Singapore
Address: 5 lr Kent Ridge road, Singapore 119074
E-mail address: diarmuid_murphy@nuhs.edu.sg
Tel.: +65 81821534

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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<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Nil</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Synthes, Orthofix and Smith &amp; Nephew</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Nil</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>Nil</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>Nil</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Signature: [Signature]
Date: 28/9/16
Conflict of Interest Disclosure Form

Professional title: President & CEO
First name, Last name: AKIMITSU MIYAUCHI
Affiliation: Miyauchi Medical Center
Address: JR Takatsuki station NK building 2F, 1-1-1 Akutagawa-cho, Takatsuki-shi, Osaka 569-1123
Japan
E-mail address: akimiyauchi0129@gmail.com
Tel.: 0726863330

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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

Receipt of grants/research supports:

Receipt of consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Amgen Astellas BioPharma K.K

Signature: Akimitsu Miyauchi

Date: 25 July 2016
Conflict of Interest Disclosure Form

Professional title: Dr
First name, Last name: Chung-Hwan Chen
Affiliation: Kaohsiung Medical University
Address: No 100, Tzu-You 1st Rd, Kaohsiung, Taiwan
E-mail address: hwan@kmu.edu.tw
Tel.: 886-7-3208209

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

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

Signature: Chung-Hwan Chen
Date: 2016-07-23
Conflict of Interest Disclosure Form

Professional title: Dr
First name, Last name: David Scott
Affiliation: School of Clinical Sciences at Monash Health, Monash University
Address: Level 5, Block E, Monash Medical Centre, 246 Clayton Road, Clayton, Victoria, Australia 3168
E-mail address: david.scott@monash.edu
Tel.: +61 3 8572 2397

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

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</table>

Signature: ___________________________ Date: 25/07/2016
Conflict of Interest Disclosure Form

Professional title:
First name, Last name:
Affiliation:
Address:
E-mail address:
Tel.:

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: Received research support from Amgen, Allergan, Asahi, Genzyme, and Warner-Chilcott; has lectured at national and international meeting symposia funded by Allergan, Asahi, Amgen, MSD, has received speaker fees from Allergan. Amgen, Asahi, and Merck Sharp & Dohme. He is a director of the board and shareholder in StraxCorp, is remunerated by StraxCorp as chief medical officer, and is one of the inventors of the StrAx1.0 algorithm. All authors state that they have no other conflicts of interest.

Signature:  
Date: 21 July 2018

UEMSaisbl – Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

Professional title: Mr
First name, Last name: Feitong, Wu
Affiliation: Menzies Institute for Medical Research
Address: 17 Liverpool Street, Hobart Tasmania, Australia
E-mail address: Feitong.Wu@utas.edu.au
Tel.: +61 0362264327

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**

- [x] I have no potential conflict of interest to report
- [ ] I have the following potential conflict(s) of interest to report:

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</table>

Signature: [Signature]
Date: 27/07/2016
Conflict of Interest Disclosure Form

Professional title: PHD
First name, Last name: HELENA JOHANSSON
Affiliation: INSTITUTE FOR HEALTH AND AGING, CATHOLIC UNIVERSITY OF AUSTRALIA, MELBOURNE
Address: E-mail address: HELENA.JOHANSSON@MBX335.JW.PRETE SE
Tel.: +76 70 475 38 70

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

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: 31 July 2016
Conflict of Interest Disclosure Form

Professional title: Adjunct Researcher
First name, Last name: Heying Zhou
Affiliation: Tokyo Metropolitan Institute of Gerontology
Address: 35-2 Sakae-cho, Itabashi-ku, Tokyo 173-0015, Japan
E-mail address: zhou2013@tmig.or.jp
Tel.: +81-3-3964-3241

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

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: Heying Zhou
Date: July 22, 2016
Conflict of Interest Disclosure Form

Professional title: dr.
First name, Last name: Hitoshi Tanigawa
Affiliation: Department of Orthopedics, Shiga University of Medical Science
Address: Seta Tsukinowa-cho, Otsu-city, Shiga, 520-2192, Japan
E-mail address: tanigawa@belle.shiga-med.ac.jp
Tel.: (+81) 77-548-2252

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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</table>

Signature: Hitoshi Tanigawa
Date: 28, July, 2016
Conflict of Interest Disclosure Form

Professional title: Dr.
First name, Last name: Liu-Ying, ZHU
Affiliation: Department of Medicine and Therapeutics, Prince of Wales Hospital, The Chinese University of Hong Kong
Address: A506, Post Graduate Hall 5, The Chinese University of Hong Kong, Shatin, N.T., Hong Kong
E-mail address: 1155042774@link.cuhk.edu.hk
Tel.: +85222528762

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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☑ 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: 22/07/16
Conflict of Interest Disclosure Form

Professional title: MD
First name, Last name: Maurizio Feola
Affiliation: Orthopaedics and Traumatology, University of Rome Tor Vergata
Address: viale Oxford, 81 Rome, Italy
E-mail address: maurizio.feola@gmail.com
Tel.: +39 3282938041

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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</table>

Signature:  
Date: 25/07/2016
Conflict of Interest Disclosure Form

Professional title: Ms.
First name, Last name: Priyanka, Singh
Affiliation: PhD Student
Address: Lab no. 3027, Research Block B, Department of Endocrinology, Post Graduate Institute of Medical Education and Research (PGIMER), Sector 12, Chandigarh, India.
E-mail address: priyankasingh3009@gmail.com
Tel.: +91 9988725240

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</table>

Signature: [Signature]
Date: 23 July 2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Roger Zebaze
Affiliation: Department of Medicine and Endocrinology, Austin Health, The University of Melbourne
Address: 300 Waterdale Rd, Heidelberg West VIC 3079, Australia
E-mail address: zebaze@unimelb.edu.au
Tel.: +61 9496 5489

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

☐ 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: Merck, AKP, Sanofi, AMGEN

Receipt of honoraria or consultation fees: Merck, AKP, Sanofi, AMGEN, and SERVIER

Participation in a company sponsored speaker’s bureau:

Stock shareholder: StraxCorp Pty Ltd

Spouse/partner:

Other support (please specify):

Signature: ____________________________ Date: 15/09/2016
Confidential of Interest Disclosure Form

Professional title: Dr.
First name, Last name: Saira, Khan
Affiliation: Nottingham University Hospital, Nottingham.
Address: A-46, South Block, Rheumatology Department, Queens Medical Centre, Derby road, NG7 2UH
E-mail address: sairaanwer@yahoo.com, lra.pande@nuh.nhs.uk
Tel.:0044-115-9249924 extension 63092

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

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

NUH Charity pump priming grant

Signature: Saira A Khan

Date: 26/7/16
Conflict of Interest Disclosure Form

Professional title: Ms
First name, Last name: Sarah, Hosking
Affiliation: Deakin University
Address: Epi-Centre for Healthy Ageing, Deakin University, Barwon Health, P.O. Box 281, Geelong, VIC, 3220
E-mail address: shoski@barwonhealth.org.au
Tel.: (03)42153307

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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</table>

Signature: [signature]
Date: 25/7/2016
Conflict of Interest Disclosure Form

Professional title: PhD student
First name, Last name: Yi, Su
Affiliation: Department of Medicine and Therapeutics, Prince of Wales Hospital, The Chinese University of Hong Kong
Address: Room c525, PGH1, The Chinese University of Hong Kong, Shatin, Hong Kong
E-mail address: alddle@link.cuhk.edu.hk
Tel.: +852 5608 7464

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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):

Signature: ☑
Date: 22 July 2006
Conflict of Interest Disclosure Form

Professional title: Dr
First name, Last name: Susan Jane Sinclair Logan
Affiliation: National University Hospital
Address: NUHS Tower Block, 1E Kent Ridge Road, Level 12, Singapore 119228
E-mail address: susan_logan@nuhs.edu.sg
Tel.: 6772 4285

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                                                   Name of commercial company

Receipt of grants/research supports:                                                   Nil

Receipt of honoraria or consultation fees:                                              Nil

Participation in a company sponsored speaker’s bureau:                                 Nil

Stock shareholder:                                                                    Nil

Spouse/partner:                                                                        Nil

Other support (please specify):                                                        Nil

Signature:  [Signature]                                                                 Date:  5/8/16

UEMSasisbl - Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles
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 and faculty)

Professor Eugene V McCloskey
University of Sheffield, Academic Unit of Bone Metabolism
Northern General Hospital
Sheffield S5 7AU
e.v.mccloskey@sheffield.ac.uk
44-114-2714705

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Type of affiliation / financial interest                           Name of commercial company
Receipt of grants/research supports:
Receipt of honoraria or consultation fees:                     See attached sheet
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature:    Date: 21/3/16
I declare that I have read and understood the Institute’s Code of Practice on Declarations of Interests. I hereby declare the following interests in the healthcare industry and those organisations with whom the Institute may have a contractual relationship, according to the Institute’s published Code.

**Personal pecuniary interest**

*Description (if you have no interests in this category, state 'None')*

Consultancies, honoraria and lecture fees received:

ActiveSignal; Alliance for Better Bone Health; Amgen; Bayer; Boehringer Ingelheim; Consilient Healthcare; Eli Lilly; GE Lunar; GSK; Hologic; Internis; Medtronic; Merck; Novartis; Pfizer; Roche; Servier; Synexus; Tethys; UCB.

**Personal family interest** (if you have no interests in this category, state 'None')

*Description*

None

**Non-personal pecuniary interest** (if you have no interests in this category, state 'None')

*Description*

Research funding:
Alliance for Better Bone Health; Amgen; Arthritis Research UK; EPSRC; Internis; Medical Research Council; NIHR

**Personal non-pecuniary interest** (if you have no interests in this category, state 'None')

*Description*

President of the Bone Research Society
Chair of Osteoporosis 2000
Member of NOS Clinical and Scientific Committee

Signature: ____________________________

Name (please print): Eugene McCloskey.............. Date: 21st Mar 2016...
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Ass Prof (Dr)
First name, Last name: Hitendra Doshi
Affiliation:
Address: 34, Limau Garden, SINGAPORE 467893
E-mail address: sai_hkdoshi@yahoo.com / hitendra_k_doshi@ttsh.com.sg
Tel.: 65-96175043

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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):

Signature: [Signature]  Signed (Hitendra K Doshi)  Date: 10.3.2016
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Prof Dr
First name, Last name: Jean-Marc Kaufman
Affiliation: Ghent University
Address: Dept of endocrinology Ghent university Hospital, De Pintelaan 185 9000 Gent, Belgium
E-mail address: jean.kaufman@ugent.be
Tel.: +32 477 370 399

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☐ 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: NA
- Receipt honoraria or consultation fees: speaker fee Amgen
- Participation in a company sponsored speaker’s bureau: NA
- Stock shareholder: NA
- Spouse/partner: NA
- Other support (please specify): NA

Signature: 

Date: April 10th 2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
First name, Last name: Shamal Das De
Affiliation: NUS (National University Singapore)
Address: 1E Kent Ridge Road, NUS Tower Block Level 11
E-mail address: dasdasde@nus.edu.sg
Tel.: 96274467

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<td>Receipt of grants/research supports:</td>
<td></td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker's bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: Shamal Das De

Date: 3rd March 2016

Professor Shamal Das De
MBBS, FRCS(Ed.), FRCS(Eng.), FRCS(Orth)(Ed.), M.Ch(Orth)(Liv.)
MD AM(Sing), FAMS(Surg.)
Head, Division of Foot & Ankle
Senior Consultant
Department of Orthopaedic Surgery
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Continuing Medical Education – EACCME®
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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

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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.

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: ROCHE, NOVARTIS, MERCK, EISAI, ASTELLI
Receipt of honoraria or consultation fees: ROCHE, NOVARTIS, MERCK, EISAI, GSK
Participation in a company sponsored speaker’s bureau:
Stock shareholder: None
Spouse/partner: None
Other support (please specify):

Signature: SATTAYA ROJANASTHIEN Date: 16 MAR 2016

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
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Affiliation: Consultant Endocrinologist
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E-mail address: spchan88@hotmail.com
Tel.: +60 122020755

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  NIL  Name of commercial company  NIL
Receipt of grants/research supports: NIL
Receipt of honoraria or consultation fees: NIL
Participation in a company sponsored speaker’s bureau: NIL
Stock shareholder: NIL
Spouse/partner: NIL
Other support (please specify):

Signature: [Signature]

Date: 21 Mar 2016
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Swan Sim, YEAP
Affiliation: Subang Jaya Medical Centre
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E-mail address: swanyeap@gmail.com
Tel.: 00603 5639 1392

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:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company:

Takeda, Novartis, Johnson and Johnson

Signature: ____________________________  Date: 3 MAR 2016
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
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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
Name of commercial company
Receipt of grants/research supports: Daiichi-Sankyo, Astellas, Taisho Pharmaceutical
Receipt of honoraria or consultation fees: Amgen, Ono Pharmaceutical, Chugai, Teijin
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: Toshio Matsumoto Date: March 3, 2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

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First name, Last name: Tang Ching, Lau
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E-mail address: tang_ching_lau@nuhs.edu.sg
Tel.: 65-96840862

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☐ 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: JAPAC Advisory Board
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Name of commercial company
AbbVie

Signature:                                    Date: 15th May 2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr, CCD, CDT.
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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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☐ 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: ___________________________

03/24/2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
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Tel.: +65-63266040

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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☐ 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: ___________________________

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members and faculty)

Professional title: Dr
First name, Last name: Fen Lee HEW
Affiliation: Subang Jaya Medical Centre
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E-mail address: hewfenlee@yahoo.co.uk
Tel.: 6012 3892902

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.

☐ I have no potential conflict of interest to report
X I have the following potential conflict(s) of interest to report:

Type of affiliation / financial interest
Receipt of grants/research supports: Nil
Receipt of honoraria or consultation fees: Novo Nordisk, Astra Zeneca, Sanofi, Eli Lilly.
Participation in a company sponsored speaker's bureau: Astra Zeneca, Novo Nordisk, Takeda, Sanofi, Norvatis

Stock shareholder: Nil
Spouse/partner: Not applicable
Other support (please specify): Nil

Signature:  Date: 15/4/16
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members and faculty)

Professional title: Professor
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Affiliation: Taipei Veterans General Hospital
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E-mail address: lkchen2@vghtpe.gov.tw
Tel.: +886-2-28757830

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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):

Signature:          Date: April 3, 2016

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www.uems.net     info@uems.net
Conflict of Interest Disclosure Form
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First name, Last name: Unité de Soutien Méthodologique en Épidémiologie et en Biostatistiques
Affiliation: Q. gaffur Hôpital Av. Hôpitaux 13 CH île 26
Address: 9, gaffur Hôpital Av. Hôpitaux 13 CH île 26
E-mail address: Q.gaffur Hôpital Av. Hôpitaux 13 CH île 26
Tel.: 9, gaffur Hôpital Av. Hôpitaux 13 CH île 26

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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):
Disclosure Statement of Potential Conflicts of Interest

Name: Olivier BRUYERE

Date: April 1, 2016

Grant research: IBSA, Merck Sharp & Dohme, Novartis, Nutraveris, Pfizer, Rottapharm, Servier, SMB, Theramex.

Consulting or lecture fees: Bayer) CNIEL, Genevrier, IBSA, Rottapharm, Servier, SMBI TRB Chemedica.

Reimbursement for attending meetings: IBSA Merck Sharp & Dohme, Novartis) Pfizer, Rottapharm, Servier, Theramex,