



**ÄRZTEKAMMER
HAMBURG**

Körperschaft des öffentlichen Rechts

FORTBILDUNGSKADEMIE

Disclosure of conflicts of interest Declaration of speakers

Surname / First Name: _____

Street: _____

Postcode / Location: _____

FILE NUMBER: _____

For the event (title) _____

on _____ supported by _____
am I as a speaker.

The contract of my activities as a speaker of this
event I made with _____

- 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.