



Landesärztekammer
Baden-Württemberg
Körperschaft des öffentlichen Rechts

Disclosure of conflicts of interest Declaration by speakers

Surname / First name: _____

For the event _____

on _____

sponsored by _____

I act as a lecturer. I have concluded the contract for my work with

I assure,

- my contributions will be product- and company-neutral.
- The organizer and sponsor have no influence on the content of my presentation.
- I will disclose my conflicts of interest to the participants
(e.g. on the first slide)

My fee for the requested event is _____ €.

Potential conflicts of interest in connection with the above-mentioned congress within the the last three years:

Employment relationship with organizer	yes <input type="checkbox"/>	no <input type="checkbox"/>
Employment relationship with a sponsor	yes <input type="checkbox"/>	no <input type="checkbox"/>
Honorarium for lecturing, authoring, expert reports and/or consultancy work	yes <input type="checkbox"/>	no <input type="checkbox"/>
Honorarium for preparation of seminars/symposia/congresses	yes <input type="checkbox"/>	no <input type="checkbox"/>
Reimbursement of participation fees for training courses/seminars/congresses	yes <input type="checkbox"/>	no <input type="checkbox"/>
Reimbursement of accommodation and travel expenses	yes <input type="checkbox"/>	no <input type="checkbox"/>
Shares or financial participation in the companies concerned/above specific patents	yes <input type="checkbox"/>	no <input type="checkbox"/>
Funds from specific licenses/royalties	yes <input type="checkbox"/>	no <input type="checkbox"/>
Research and study funds from participating companies	yes <input type="checkbox"/>	no <input type="checkbox"/>

I confirm that the information I have provided above is complete and correct.

City, Date

Signature

This form is a self-disclosure and serves the purpose of transparency in the context of congresses and sponsoring.