**DECLARATION OF INTEREST - 2017**

|  |  |
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| Member’s Name(in capital letters) |  |
| Address |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Country |  |
| Phone |  | Fax : |  |
| Email(s) : |  |  |  |

**List which of the ESC bodies** you are members i.e Boards, Associations, Councils, Working Groups, Task Forces, Committees, ETP Organiser, ESC Spokespersons.

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**Your main employment:**

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| Hospital/university/Other Name : |  |
| Location : |  |  |
| Position : |  |

**Please give details of any financial interest concerning you and your first degree relatives arising from:**

**1 – Financial declaration**

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| --- | --- |
|  | **A- Speaker fees, Honoraria, Consultancy, Advisory Board fees, Investigator, Committee Member, etc as direct personal payment.** |
| Company : |  |
| Product of Therapeutic Area |  |
| 0-10 k€/year *10-50k€/year* | 50-100k€/year | +100k€/year |
|  | **B- Speaker fees, Honoraria, Consultancy, Advisory Board fees, Investigator, Committee Member, etc as payment to your institution.** |
| Company : |  |
| Product of Therapeutic Area |  |
| 0-10 k€/year 10-50k€/year | 50-100k€/year | +100k€/year |
| Company : | S |
| Product of Therapeutic Area |  |
| 0-10 k€/year 10-50k€/year | 50-100k€/year | +100k€/year |
| Company : |  |
| Product of Therapeutic Area |  |
| 0-10 k€/year 10-50k€/year | 50-100k€/year | +100k€/year |

|  |  |
| --- | --- |
|  | **C- Receipt of royalties for intellectual property None**  |
|  |  **D- Research funding (departmental or institutional) None**  |

|  |  |
| --- | --- |
|  |  **E- Research funding (personal) None**  |

**2 – Position and influence declaration**

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| **2.1 - Direct substantial shareholding or direct financial interest in healthcare, media, education companies or companies in relationship (suppliers) or in competition with ESC or in contradiction with ESC mission: *To reduce the burden of cardiovascular disease in Europe.*** |
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| **2.2 - Employment in healthcare industry (full or part time).** |
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| **2.3 - Membership or affiliation in political/pressure group associations related to the field of Cardiology.** |
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| **2.4 - Any other potential interest to be declared related to the currently ESC position held.** |
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**I declare the information provided above is true and complete and should a change occur, I will update this information. I own the full responsibility and I am aware I can be excluded from the ESC in case of wrong declaration.**

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| **Signature :** |  | **Date :**  |  |