Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Carl Johan Fürst

AFFILIATION: Lund University

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DISCLOSURE

☑ I have no potential conflict of interest to report
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Signature: [Signature]

Date: July 1, 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Katrin Ruth Sigurdardottir

AFFILIATION: Regional Centre of Excellence for Palliative Care, Haukeland University Hospital.

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Signature: Katrin Ruth Sigurdardottir Date: 24 06 19
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Dagny Faksvåg Haugen

AFFILIATION: University of Bergen

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Signature: [Signature]

Date: 24th June 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Dr Catriona Mayland ..........................................

AFFILIATION: University of Sheffield; Palliative Care Institute, University of Liverpool ....

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr. med. Christina Gerlach MSc...

AFFILIATION: University Center of Tumor diseases uct & Ill. Med. Clinic, Interdisciplinary Department of Palliative Care, University of Mainz, Germany

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Receipt of grants/research supports:

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Research grant from BMBF, Federal ministry of education and research 01DN17081

Scientific Society of Mainz

Receipt of honoraria or consultation fees:

Dept receives honorary from BMS and consultation fee from Amgen for services provided by me

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 24-06-2019

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

NAME: Grethe Skorpen Iversen

AFFILIATION: Haukeland University Hospital, Regional Centre of Excellence for Palliative Care, Western Norway

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Conflict of Interest Disclosure Form

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Conflicts of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Eli Synnøve Vidhammer

AFFILIATION: University of Bergen, Department of Clinical Medicine

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