



World Congress of Internal Medicine

**WCIM 2010**

In conjunction with

**PHYSICIANS WEEK**

**20 - 25 MARCH 2010**

MELBOURNE, AUSTRALIA

**DISCLOSURE FORM FOR PRESENTERS AND CHAIRS OF SESSIONS**

Name of Presenter/Chair: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Day presenting or chairing (tick):

Mon 22 March

Tue 23 March

Wed 24 March

Thu 25 March

1. Have you received financial support from a commercial entity for any clinical or Research activities connected to the subject of your presentation/s or do you have any other financial relationship with a commercial entity which might be perceived as having a connection with the presentation/s?

Yes

No

If yes, please list the manufacturer/s or provider/s and tick the relevant box below to describe the nature of the relationship. Please attach an additional sheet if required.

Significant financial interest disclosure:

		Name of Manufacturer or Provider
A	Speakers' Bureau	_____
B	Consultant	_____
C	Research Support	_____
D	Company Advisory Board	_____
E	Employee	_____
F	Stockholder	_____
G	Other (describe):	_____

2. I agree to immediately notify the Congress Secretariat if a significant new financial interest develops at any time prior to my presentation at the WCIM 2010 Melbourne in Conjunction with Physicians Week.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return form to:

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