

JSH COI DISCLOSURE

ALL PRESENTERS: OO OO, OO OO ... OO OO
(PLEASE STATE THE NAMES OF THE LEAD PRESENTER AND ALL CO-PRESENTERS)

AFFILIATED ORGANIZATIONS: UNIV. OF OO, DEPT. OF OO OR OO HOSPITAL, DEPT. OF OO ETC.

COI RELATED TO THIS PRESENTATION

1. ADVISOR : NONE
2. STOCK OWNERSHIP/PROFITS : NONE
3. ROYALTIES : NONE
4. LECTURE FEES : NONE
5. MANUSCRIPT FEES : NONE
6. CONSIGNED/JOINT RESEARCH EXPENSES : YES(○○INC.)
7. SCHOLARSHIP DONATIONS : YES(○○INC.)
8. COURSE AFFILIATION : YES(○○INC.)
9. GIFTS & OTHER REMUNERATION : NONE