

CONFLICT OF INTEREST DECLARATION ISTA ROME 2025

This form requires individuals to disclose details of any and all interests that are relevant that may be in conflict with their presentations and duties at ISTA Rome 2025.

In concept, a conflict of interest may exist if any person in his or her official duties or having any role or responsibility that may involve in deciding or selecting could draw a connection or affiliation. This may be due to the possibility of influence in the performance of his or her official duties that may be damaging to the trust and confidence of the public.

Please fill out this form as a manifestation that no conflict of interest exists at your participation/presentation at ISTA Rome 2025.

First name: _____ Last name: _____

Phone No: _____ Email: _____

Address: _____ City/State: _____

Country: _____ Postal/Zip Code: _____

Print name: _____ Signature: _____

Date: _____

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE THAT I:

Do not have any apparent interest whether real or personal.

Do not have in any way personal or real interest that may affect my duty or responsibility to ISTA.

I do have Conflicts of Interest, detailed hereunder:

Other statements:

Please declare additional statement that are not part of, or exceptions above.

I hereby likewise declare that I fully understand that in case any information that may cause me to be in a position that shall be in conflict of interest with regard to my duties and responsibilities arises after this declaration, I shall immediately inform the Organiser of ISTA Rome 2025.

I shall abide by the rules and regulations set forth by the International Society for Technology in Arthroplasty, including it any relevant rules and regulations, with regard to conflict(s) of interest.

Date Signed: _____

Signature: