

WCTOH 2015 : Declaration of Interest Form

TOBACCO, TOBACCO PRODUCTS AND NICOTINE DELIVERY PRODUCTS

The aim of the World Conference on Tobacco or Health (WCTOH) is to bring together entities and individuals who work to protect, promote and improve public health. Applications to attend are not welcome from representatives of the tobacco industry or from associated entities or agents of the tobacco industry. The WCTOH conference organisers have taken this position to be consistent with the approach agreed by Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) under Article 5.3 of that Convention.

Please complete this Declaration of Interest Form, providing as much detail as necessary to inform the conference organisers of any relationship to the tobacco industry interests that may exist.

An indication of a serious conflict of interest, for example recent employment with a tobacco company or having recently received funding from a tobacco company for research or public policy purposes may result in rejection of an application to attend.

Within the past 4 years, have you had employment or received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution, promotion or sale of tobacco or tobacco products?

YES

EXPLANATION OF "YES" RESPONSES

If the answer is "yes", please describe the circumstances.

Type of Interest:

Name of company, organisation or institution:

Describe relationship between you and the company, organisation or institution:

Amount of funding or in kind contribution:

Note: If necessary, please attach further pages to explain any interests.

CONSENT TO DISCLOSE:

By completing and signing this form, you agree to have your registration reviewed by the WCTOH Executive Committee for approval and that if you were to attend that you agree to disclose relevant information in conference presentations, reports or products of this conference.

DECLARATION. I hereby declare that the disclosed information is accurate, true and complete to the best of my knowledge.

Name:

Signature:

Date:

Email address:

Organisation:

Position in org:

Please complete this form, sign, scan and send by email to secretariat@wctoh.org

If you do not have a Conflict of Interest to declare, you will not be required to complete this form, but you will be required to declare no conflict during the registration process.