



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)  
EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)**

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
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[www.eaccme.eu](http://www.eaccme.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

**Director's Declaration**

On behalf of the Director of the CME/CPD programme and as Senior Medical Specialist taking responsibility for the event below:

**Title of the event:** EUROPEAN LIFE AFTER STROKE CONFERENCE.  
**Venue:** DUBLIN, IRELAND.  
**Date:** 11-12 MARCH, 2024.

I declare that:

- The scientific programme was developed under my supervision and responsibility, and presents a scientifically balanced perspective of the subjects included;
- This programme complies with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements applicable in the country where it is being held;
- All members of the Scientific and/or Organising Committee have provided a declaration of potential or actual conflict of interest;
- The Scientific and/or Organising Committee has determined the content of all aspects of the LEE to be free of any attempt by sponsors to influence the Committee's decisions;
- I am aware of the source and form of any commercial funding received to develop this programme and confirm that any educational material is free of any form of advertising and any form of bias;
- All faculty and other speakers at this scientific event have disclosed, or will disclose, any potential or actual conflict of interest. This will be published, and stated at the beginning of their presentation(s);
- I will ensure that the applicable national rules, regulations and industry standards regarding exhibition areas where companies are permitted to present their products will be enforced;
- I am a medical <sup>allied health</sup> practitioner, registered with a Medical Regulatory Authority and have provided my registration details to the EACCME.

Name: PROF AIL DRUMMOND

Signature: Ail Drummond 23/11/2023.

Date:

Registration number: 012338

Regulatory Authority: HEALTH AND CARE PROFESSIONS COUNCIL  
(HPC) LONDON.



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: AURIL DRUMMOND

AFFILIATION: UNIV OF NOTTINGHAM, UK

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**DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

22/11/2023



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... ANITA ARSOVSKA

AFFILIATION: ..... UNIVERSITY CLINIC OF NEUROLOGY, SKOPJE, N. MACEDONIA

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*[Handwritten signature]*

Date:

*23.11.2023*



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: *Carina Persson*

AFFILIATION: *University of Gothenburg, Sahlgrenska University Hospital*

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*Carina Persson*

Date:

*24 NOV 2023*



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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: CHRISTINA FRANZISKET

AFFILIATION: GERMAN STROKE FOUNDATION

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: C. Franzisket

Date: 24.11.2023

UEMS<sub>aisbl</sub> – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



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## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ...Diana Wong Ramos.....

AFFILIATION: .....Portugal AVC - Stroke Survivors Support Organization.....

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### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest Name of commercial company Receipt of**

grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's  
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature: Date: Diana Wong Ramos 22/11/2023**

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU  
Transparency Register ID 219038730914-92



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: **Grethe Lunde** .....

AFFILIATION: **Stroke Alliance for Europe** .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*Grethe Lunde*

Date: **22 Nov 2023**





## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: HARIKLIA PROIOS .....

AFFILIATION: UNIVERSITY OF MACEDONIA .....

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### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Angels Initiative, Boehringer Ingelheim

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: November 22, 2023



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: .....Helen Gaynor

..... AFFILIATION: IHF

(Irish Heart Foundation)

.....

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### **DISCLOSURE**

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's  
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature: Helen Gaynor**

**Date: 23/11/2024**

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EU Transparency Register ID 219038730914-92



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Katherine Staley.....

AFFILIATION: SAFE member.....

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### **DISCLOSURE**

I have no potential conflict of interest to report

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

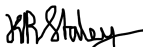
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 22/11/23



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: LIAM HENRY

AFFILIATION: CORK UNIVERSITY HOSPITAL, IRELAND.

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

24/11/23



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..Lisa Kidd.....

AFFILIATION: Glasgow Caledonian University.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### **DISCLOSURE**

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

*Lisa Kidd*

**Date:** 24.11.23



## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Mercè Ayesta Borrás

AFFILIATION: Fundació Ictus

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**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 22/11/23



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... Nicola J. Hancock .....

AFFILIATION: ..... University of East Anglia .....

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Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:**

24.11.23





## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Nuno Ferreira.....

AFFILIATION: University of Nicosia.....

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Receipt of honoraria or consultation fees:

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Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

*Nuno Ferreira*

**Date:**

24.11.23



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Stacie Brock

AFFILIATION: N/A

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