



# EUROPEAN ANTERIOR HIP MEETING

## Conflict of Interest (COI) Speaker / Presenter Disclosure Form

**Medical Conference Name:**

European Anterior Hip Meeting 2026

**Conference Date(s):**

2 – 3 July 2026

**Speaker / Presenting Author Name:**

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**Presentation / Submission Title:**

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**Instructions:**

The purpose of this form is to identify any potential conflicts of interest that may exist between the speaker / presenter and entities that have a financial relationship with the healthcare, medical device, pharmaceutical, or other relevant industries. Your participation in this conference is contingent upon fully disclosing any relevant financial relationships.

Please complete the form below, providing details of all financial relationships with commercial interests that are related to the content of your presentation. This includes relationships with companies that provide products or services to the healthcare or medical fields. If you have no such relationships, please indicate “None” in the appropriate section.

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**Section 1: Financial Relationships**

**1.1. Does the speaker / presenter (or immediate family) have any financial relationships with any commercial interests relevant to the content of the presentation?**

- Yes ☐
- No ☐



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**1.2. If "Yes", please check all that apply:** (Indicate your financial relationship and the name of the relevant company or entity.)

- **Consultant/Advisory Board** ☐  
Company/Entity Name: \_\_\_\_\_
- **Speakers Bureau** ☐  
Company/Entity Name: \_\_\_\_\_
- **Research Support (e.g., grants, funding)** ☐  
Company/Entity Name: \_\_\_\_\_
- **Ownership Interest (e.g., stocks, shares)** ☐  
Company/Entity Name: \_\_\_\_\_
- **Employee/Position** ☐  
Company/Entity Name: \_\_\_\_\_
- **Other (Please specify):** ☐  
Company/Entity Name: \_\_\_\_\_

**1.3. If applicable, please describe the nature of your financial interest with the company/entities listed above:**

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### Section 2: Non-Financial Relationships

**2.1. Do you have any non-financial relationships or interests that might present a perceived conflict of interest?**

- Yes ☐
- No ☐

**2.2. If "Yes", please describe:**

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## Section 3: Speaker Acknowledgement

I, the undersigned, acknowledge that:

1. I have disclosed all financial relationships and relevant non-financial interests related to the content of my presentation as required by the conference organizers.
2. I understand that failure to disclose potential conflicts of interest could lead to my exclusion from participation in the conference.
3. I will make every effort to ensure that my presentation is based on scientific evidence and unbiased, adhering to ethical standards in medical education.

I understand that this disclosure will be made available to conference participants as part of the efforts to maintain transparency and uphold the integrity of the conference.

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**Speaker Signature:**

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**Date:**

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**Conference Organizer Use Only:**

- Date Reviewed: \_\_\_\_\_
- Reviewed By: \_\_\_\_\_
- Notes/Actions Taken:  
\_\_\_\_\_

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**Important Note:**

The information provided in this form will be reviewed and, where necessary, discussed with the conference organizers to determine whether any action is required to address any identified conflict of interest. The primary objective is to ensure that educational content remains unbiased and scientifically accurate.

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