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TYPE OF INTEREST	DESCRIPTION
Invited Faculty Presenters Submitters	<p>Where an individual may get direct financial benefits from a relationship with industry.</p> <p>This could, for example, include:</p> <ul style="list-style-type: none">- Employment- Ownership of stocks and shares- Travel and accommodation expenses paid- Paid consultancy or directorship- Patent ownership- Paid membership of speakers' panels / bureaus and advisory boards- Acting as an expert witness- Being in receipt of a fellowship, equipment, writing, or administrative support- Writing or consulting for a medical education promotional or communications company

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DECLARATION OF FINANCIAL INTERESTS AND RELATIONSHIPS

Option 1

Name: Assoc. Prof. Dr. Ingo Banke

Organisation: Clinic of Orthopedics and Sports Orthopedics

Presentation / Submission Title: Optimization of the Hip Arthroscopy for Femoroacetabular Impingement Syndrome

Parameter Optimization for Best Visualization and Complication Reduction

I confirm that I and/or any co-authors have the following financial interests or relationships to disclose with regard to the subject matter of this presentation / submission:

TYPE OF INTEREST	DESCRIPTION
Please tick all applicable	Please detail activity(s)
Grant / Research Support <input type="checkbox"/>	<u>Ingo Banke</u>
Consultancy <input checked="" type="checkbox"/>	<u>Consultant and Instructor</u>
Research <input type="checkbox"/>	<u>Hip Preservation Surgery,</u>
Speaker Bureau <input type="checkbox"/>	<u>Arthrex</u>
Employment <input type="checkbox"/>	
Other <input type="checkbox"/>	

Signed: Ingo Banke

Dated: 19. April 2024

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DECLARATION OF FINANCIAL INTERESTS AND RELATIONSHIPS

Option 2

Name: _____

Organization: _____

Presentation / Submission Title: _____

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