



**DECLARATION OF INTEREST
ON 2024 ACTIVITIES**

Member's name (in capital letters): ...

Address: ...

Country: ...

Phone: ...

Email: ...

I am a member of the SCMR bodies (Board, Committees, Sections, SIGs, Task Forces, Course Director, etc.)

- ...

Other (please explain):

- ...

Your main employment

Hospital | University | Other: ...

City | Country: ...

Position: ...

Please provide information below (financial, non-financial and involvement in other societies) as it applies to you and any immediate family members (spouse or partner, or children). Commitments that ended within the last 12 months also need to be disclosed.

1. FINANCIAL DECLARATION

A. Direct personal payment: speaker fees, honoraria, consultancy, Advisory Board fees, Investigator, committee member, etc.

I have nothing to declare in that respect.

I declare the following interests:

Company: ...

Product: ...

B. Payment to your institution: speaker fees, honoraria, consultancy, Advisory Board fees, Investigator, Committee Member, etc. from healthcare industry

I have nothing to declare in that respect.

I declare the following interests:

Company: ...

Product: ...

C. Receipt of royalties for intellectual property

I have nothing to declare in that respect.

I declare the following interests:

Company: ...

Product: ...

D. Research funding (departmental or institutional) from healthcare industry

I have nothing to declare in that respect.

I declare the following interests:

Company: ...

Product: ...

E. Research funding (personal)

I have nothing to declare in that respect.

I declare the following interests:

Company: ...

Product: ...

2. Other Positions of Influence

2.1. Other Board positions in other associations

I have nothing to declare in that respect.

I declare the following interests:

2.2. Direct shareholding or direct financial interest in healthcare, media, education companies or companies in relationship (suppliers) or in competition with SCMR or in contradiction with SCMR mission: improving global cardiovascular health by leveraging the advantages of CMR through innovation, education, advocacy, networking, research, and clinical excellence.

I have nothing to declare in that respect.

I declare the following interests:

2.3. Employment in healthcare industry (including part time) during the year for which you are declaring.

I have nothing to declare in that respect.

I declare the following interests:

2.4. Membership or affiliation in political or advocacy groups in the field of CMR.

I have nothing to declare in that respect.

I declare the following interests:

2.5. Any other interest (financial or otherwise) that should be declared in view of holding an SCMR position.

I have nothing to declare in that respect.

I declare the following interests:

I declare the information provided above is true and complete. Should any changes occur concerning my financial interests or positions of influence, which might impact my SCMR activities during the current year, I will promptly advise the SCMR Secretary at HQ@scmr.org. I assume full responsibility for identifying any potential conflicts of interest and I am aware that I can be excluded from the SCMR in case of inaccurate declaration.

I understand that the Declaration of Interest will be processed in accordance with the SCMR Declaration of Interest policy and saved on records in compliance with the General Data Protection Regulation 2016/679 (“GDPR”) for no longer than is necessary for the purpose for which the Personal Data is processed. We may retain and use your Personal Data as necessary to comply with our legal obligations, resolve disputes, and enforce our agreements and rights, or if it is not technically reasonably feasible to remove it. Consistent with these requirements, we will try to delete your Personal Data quickly upon request at HQ@scmr.org. If you include information on immediate family members (spouse or partner, or children), please inform them that the SCMR will be processing data related to them.

Date:

Signature: