



POST N' SPEAK

Declaration of Conflicting Interests



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Pólo das Ciências da Saúde, Unidade Central, Piso -1,
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Declaration of Conflicting Interests

I, _____, holder of the identification document number/passport _____, issued in _____, on ___/___/____ OR valid until ___/___/____, would like to declare the following existing/potential conflict(s) of interest situation(s) arising from my participation at the VII Post N' Speak, at the X In4Med.

a) Person with whom I have official dealings and/or private interests:

b) Brief description of my duties which involve the person mentioned:

(Candidate's signature according to the identification document)

Date: ___/___/2020



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