



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Charles L. Daley

AFFILIATION: National Jewish Health

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-imbursement 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 *(see attached)*

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:

5/14/2025

Charles L. Daley – COI disclosure

Type of affiliation/financial interest	Name of commercial company
Receipt of grants/research support:	AN2
	Insmmed
	Paratek
	Bugworks
	Juvabio
	COPD Foundation
	PCORI
	FDA
	Cystic Fibrosis Foundation
	MannKind
	Verona
	Renovion
	Spero
Receipt of honorarium or consultation fees	AN2
	Grifols
	GSK
	Hyfe
	Insmmed
	Johnson and Johnson
	MannKind
	Paratek
	Galapagos
	Shionogi
	Sanofi
	Spero
	MicRx
Participation in a company sponsored speaker's bureau	None
Stock Shareholder	Nob Hill
Spouse/partner	NA
Other support	NA