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**Conflict of Interest Disclosure Form**

(to be completed by the Medical Officer who takes responsibility for the application  
and the Head of the Scientific/Organizing Committee)

NAME: Prof. Michal Shteinberg .....

AFFILIATION: Carmel Medical Center, the Technion- Israel Institute of Technology .....

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- I have no potential conflict of interest to report
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**Name of commercial company**

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Participation in a company sponsored speaker's bureau: None

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Other support (please specify): Devices for grant- Trudell Medical International. Travel- Boehringer Ingelheim Astra Z

**Signature:**

Signed by:  
*Prof. Michal Shteinberg*  
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**Date:** 21/4/2026 | 17:47:34 CEST