

DOI - EHS Board members

1. Personal details

Name: Salvador	Morales-Conde

The examples given below are not exhaustive. Please declare anything that might be a conceived as a personal conflict of interest.

2. Declaration of Interests

I wish to declare that my interests are as shown on the following pages:

2.1 Financial interests for past five years

For example shares, fees for consultancy, salary or grants relating to you

Name of Company/Organisation	Nature of Interest	Date interest ceased*
BD	Advisory Board, Organize workshop,	
	Speaker at symposium	
Medtronic	Advisory Board, Organize workshop,	
	Speaker at symposium, research grant	
Stryker	Advisory Board, Organize workshop,	
	Speaker at symposium	
Olympus	Advisory Board, Organize workshop,	
	Speaker at symposium	
Storz	Advisory Board, Organize workshop,	
	Speaker at symposium	
Ethicon	Organize workshop	
Tissum	Advisory Board	
Astellas	Speaker at symposium	
Implantica	Advisory Board	
Gore	Organize workshop, Speaker at	
	symposium, research grant	
Baxter	Organize workshop	
Microline	Research grant	
Meril	Speaker at symposium	

Please enter 'NONE' if no interests to declare.

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www.europeanherniasociety.eu

*if applicable

2.2 Non-financial interests for past three years

For example publishing work or making public statements relevant to topic, participation in advisory board or patient advocacy group, holding office in relevant organisation or public body, etc.

Name of	Nature of Interest	Date interest
Company/Organisation		ceased*
Spanish Association of	President (2020-2022)	
Surgery (AEC)		
European Association	President (2021-2023)	
of Endoscopic Surgery		
(EAES)		
European Hernia	President Elect (2023-2025)	
Society (EHS)		
Section of Abdominal	Vice-President	
Swal of the UEMS		

Please enter 'NONE' if no interests to declare.

*if applicable

2.3 Any other interest of relevance which could be perceived to affect you impartiality

Please enter 'NONE' if no interests to declare.

Name of Company/Organisation	Nature of Interest	Date interest ceased*

*if applicable

Signed:	

Date: _____