



Association Mieux Prescrire

DECLARATION OF ABSENCE OF CONFLICT OF INTERESTS For the year 2018

Date:

I the undersigned:

Last Name:

First Name:

Personal Address:

.....

(check the appropriate item or items)

- Member of the General Assembly of Colleges
- Member of the Editorial Staff
- Publishing Director
- Project Manager
- Other

hereby declare that I do not have any personal conflicts of interest, as described in the "Non Merci..." Charter, and incompatible with the aims of the Association.

I undertake to inform the Association, within one month, of any change in my situation in this regard.

In case of any doubt as to situations which might be incompatible with my role in the Association or its work, I will discuss the matter with:

- the Editor (for members of the Editorial Staff),
- the President of the Association (for Publishing Director or for Project Managers),
- the Secretary General of the Association (for members of the General Assembly of Colleges).

Signature:

Association Mieux Prescrire

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