

**Japan Association for Global Health**  
**Conflict of Interest Self-Disclosure Form for the academic conference**

Name of Author: \_\_\_\_\_

Title of Manuscript/Presentation: \_\_\_\_\_

(Please provide information concerning COI status with companies, institutions or organizations related to the presentation **starting from the year before the presentation, for the previous one year**)

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⑨ Travel expenses, gifts, etc. Annual total of 50,000 yen or more from one single company or organization	Yes · No	

(This COI disclosure form will be stored for three years after presentation)

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Name of Corresponding Author

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