EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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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: PD Dr. Arne Estler.....

AFFILIATION: Center for Longevity and Sport, Tübingen

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DISCLOSURE

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	Fortüne Forschungsförderung, Universität Tübingen & Pı
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:  **Date:** 6.10.26

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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: Dr. Bent Estler…….

AFFILIATION: University Hospital, Heidelberg…….

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Other support (please specify):	

Signature: B. Estler **Date:** 06.10.2026

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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: Kai Röckert

AFFILIATION: Bad Berka

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: K. Röckert **Date:** 15.11.2024

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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: Dr. med. Nils Meier

AFFILIATION: Sporthomedic, Cologne

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: N. Meier **Date:** 07.10.2026

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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: Dr.Yannick Fuchs

AFFILIATION: Klinikum Dritter Orden, Munich

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Signature: Y. Fuchs **Date:** 06.10.26

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

NAME: Andreas Klose.....

AFFILIATION: Sport Physiotherapist, Münster.....

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Signature: **Date:** 10/26

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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: Dr. Leon Stößel.....

AFFILIATION: Klinikum Dritter Orden, Munich

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Spouse/partner:	
Other support (please specify):	

Signature: L. Stoeßel **Date:** 6.28.26 28.10.2026