



Declaration of interest for members of the media <i>All fields below must be completed</i>		
Title and dates of the meeting		
Date: <i>(to be completed by the Registration Desk officer)</i>		Badge No.:
Title:	Family Name:	First Name:
Home address: Email: Tel: Fax:		
Media company represented: Your position and title: Your supervisor: Address: Tel: Fax:		
Address during session:		
Declaration of interest (please tick if applicable): <input type="checkbox"/> I declare that I and/or the organization(s) which I am representing do/does not receive any financial assistance, funding, other than taxes, or other fiscal duties, court mandated payments, or settlement from the tobacco industry, or any entity working to further its interests, nor have I/we within the past five years. <input type="checkbox"/> I declare that I am not and have not been employed in the last five years by the tobacco industry or any entity working to further the interests of the tobacco industry. <input type="checkbox"/> I declare that I am not affiliated with, or have a professional relationship with the tobacco industry, or any entity working to further its interests. (NOTE: the notion of “professional relationship” used in this paragraph be understood as not including a public office holder’s interactions with the tobacco industry required for setting and implementing public health policies with respect to tobacco control). <input type="checkbox"/> I declare that the above information is true to the best of my knowledge, and understand that my accreditation may be rejected or revoked if the information is inaccurate. If you are unable to check either one or both boxes, please explain below: Signed by: <i>(full name and title)</i> Date: Signature:		