

Form 1. (If there is no COI to disclose.)

●●●●● (Abstract Title)

●●● (First Presenter's Affiliation)

●●● (First Presenter's Name)

The first Presenter has completed the COI self-reporting to  
the Japan Neurosurgical Society.

In connection with the Presentation,

There is no COI to be disclosed with any companies.

Form 2-1. (If there is any COI to disclose.)

●●●●● (Abstract Title)

●●● (First Presenter's Affiliation)

●●● (First Presenter's Name)

The first Presenter has completed the COI self-reporting to the Japan Neurosurgical Society.

Form 2-2. (If there is any COI to disclose.)

# COI Disclosure

The first Presenter has completed the COI self-reporting to the Japan Neurosurgical Society.

In connection with the presentation, we disclose COI with following companies over the past three years (January to December).

- |                          |                              |
|--------------------------|------------------------------|
| 1. Executives/Advisors : | Ex): No or Yes ( OO Company) |
| 2. Shareholding :        | No                           |
| 3. Patent royalty :      | No                           |
| 4. Speaking fee :        | Yes (OO Company)             |
| 5. Manuscript fee :      | No                           |
| 6. Research fee :        | No                           |
| 7. Other:                | No                           |