

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name: Pierre SENERS

Title/Position: Neurologist, MD, PhD

Institution/Practice: Hôpital Fondation A. de Rothschild, Paris, France

Date: June 5th 2026

In the interest of transparency and integrity in clinical practice, research, and education, I hereby disclose any financial relationships or potential conflicts of interest related to my professional activities.

1. HONORARIA & SPEAKING ENGAGEMENTS

If you received honoraria or compensation for lectures, presentations, or advisory roles in the past 24 months, please specify below – *leave blank if non applicable*.

Boehringer-Ingelheim (speaker fees)

RAPID-AI (speaker fees)

2. EQUITY INTERESTS & FINANCIAL TIES

If you or a first degree relative or partner have ownership, equity, or other significant financial interest in healthcare-related entities, please specify below – *leave blank if non applicable*.

None

3. OTHER RELEVANT RELATIONSHIPS

Please disclose any other financial or professional affiliations that may be perceived as a conflict of interest:

None

I affirm that the above information is complete and accurate to the best of my knowledge. I understand that disclosing such relationships does not imply wrongdoing but promotes transparency and ethical practice.

Signature: 

Date : June 5th 2026