



## Appendix A. Competing or Conflict of Interest Form

Your name:	Rosa Maria Vivanco Hidalgo
Your INAHTA member agency name:	Agency for Health Quality and Assessment of Catalonia (AQuAS)
Indicate your position on the INAHTA Board of Directors and the term start/end date:	Board Director 2023-2025
Do you currently hold any position of governance or leadership in a global/international or regional HTA-related organization?	No
If yes, please indicate the name of the organization, your role or position, and the term start/end dates.	N/A
Do you have any financial interests that conflict with any activities planned or underway in INAHTA?	No
I acknowledge that as a Board member, I cannot accept any honoraria for appearances or presentations when representing INAHTA at external events.	Yes
I consent to have this CCI form posted publicly on the INAHTA website	Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date