

Conflict of Interest Disclosure Form

It is the policy of *Neurointervention* to address how issues of actual, potential and perceived conflicts of interest involving authors, Senior Editors, and the Editorial Board should be identified, disclosed and managed. This form is designed to identify and disclose known conflicts in an effort to properly manage them. The corresponding author must complete, execute, and submit this form to the Editorial Office on behalf of all authors listed below.

Article title _____

Authors _____

Please note that a conflict of interest statement is published with each paper.

I certify that there is no actual or potential conflict of interest in relation to this article. If any conflict exists, please define hereafter:

Conflict (if none, "None" or describe financial interest/arrangement with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this article):

Name _____

Signature _____ Date _____

Please send the completed and signed form to the Publisher:

Dae Chul Suh, MD, PhD: Editor-in-Chief,
Editorial Office of *Neurointervention*,
705-2, 9 Gangnam-ro, Giheung-gu, Yongin-si, Gyeonggi-do 16977, KOREA
E-mail: ksin@ksin.or.kr or dcsuh@amc.seoul.kr
Tel: (8231) 994-4382
Fax: (8270) 4009-3667