**Conflict of Interest Disclosure Form**

**International Journal of Destinations and Hospitality Insights (IJODHI)**

All authors submitting manuscripts to **IJODHI** are required to complete this form to disclose any actual, perceived, or potential conflicts of interest that could influence the research, interpretation, or publication of their work.

**Manuscript Details**

**Manuscript Title:**

**Corresponding Author:**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Authors (if applicable):**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   (Continue as needed)

**Conflict of Interest Disclosure**

Please check the appropriate box and provide additional details where applicable:

1. **Employment**
   * None
   * Yes (Provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Financial Interests (e.g., funding, stocks, or equity in entities that could benefit from the publication):**
   * None
   * Yes (Provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Honoraria, Consultancy, or Paid Expert Testimony:**
   * None
   * Yes (Provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Grants or Funding Sources Relevant to the Study:**
   * None
   * Yes (Provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Other Potential Conflicts of Interest (e.g., personal relationships, institutional affiliations):**
   * None
   * Yes (Provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Author Declaration**

I/We certify that:

1. The information provided in this form is accurate to the best of my/our knowledge.
2. All potential conflicts of interest have been disclosed.
3. This disclosure form will be updated if additional conflicts of interest arise before the publication of this manuscript.

**Corresponding Author Signature:**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Author Signatures:**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Continue as needed)

**Instructions for Submission**

* Attach the completed form as a supplementary file during manuscript submission.
* In cases where no conflicts exist, submit the form with "None" selected in all sections.

This form ensures transparency and integrity in the publication process.