

**2021 World Congress of Psychiatric Genetics**  
Submission Instructions for Symposium Participants and ECIP Travel Award  
Submission Deadline: **EXTENDED** to Friday, May 7, 2021

### Symposia Presentation

A symposium is a 1½ hour session with a maximum of 7 participants. Each submission must include: 1 chair, 1 co-chair, 4 speakers, and 1 formal discussant. The discussant may **not** be a speaker. The chair and co-chair may be a speaker on the panel. An individual can only participate (includes all roles) in a maximum of two (2) symposia. Chairs should have their overall abstract, list of participants and disclosures entered by **April 30, 2021**. Participants must have individual abstracts and disclosures entered by **May 7, 2021**.

As a participant in a symposium, you will receive an automated email which will include a link for you to log-in to our abstract submission portal to complete your required tasks. You may also visit our online submission portal at: [ispg.societyconference.com](http://ispg.societyconference.com). If you do not know your password and/or never set up an ISPG account, the Chair of the symposia has already created account for you. In this case, please select “Forgot your password” to obtain your login information. You will be asked to update your profile with contact information. Once you are logged-in, please follow the steps below to complete your abstract submission.

To submit your abstract:

1. Go to the Submissions and select the orange “**Access My Dashboard**”.
2. Select the title (hyperlinked) of the Symposium.
3. You will then be directed to (STEP 3) of the submission. **Note: You do not need to fill out the General (STEP 1) and Participants (STEP 2) tabs of the submission as the Chair has already completed this information.**

\*Character Limits: There is a limit of 3,200 characters, not including spaces for your proposal. Of the total limit, 200 characters are for the title of your proposal. The abstract of your proposal has a limit of 3,000 characters.

### STEP 3: Submission

1. Task 1 (Presentation Title): Enter the title of your presentation. The title must be brief and indicate clearly the nature of the proposal. Abbreviations must not be used in the title. Please use title case when entering your title; that is, capitalize only the first letter of the first word of the title, the first word after a colon, and any proper nouns or abbreviations. The total length of the title should be no more than 200 characters, not including spaces.

The screenshot shows a web interface for submitting a symposium abstract. At the top, there are two tabs: "Return to Dashboard" and "Submit Symposia". Below the tabs is a progress bar with four steps: "General" (completed with a green checkmark), "Participants" (completed with a green checkmark), "Submission" (active, indicated by a white circle with the number 3), and "Disclosures" (indicated by a white circle with the number 4). Below the progress bar are three buttons: "Previous" (disabled), "Save and Continue" (active), and "Submit Abstract" (active). The main content area is titled "Submission Details" and contains the instruction: "The total length of the proposal abstract should not exceed more than 3,000 characters, not including spaces." Below this instruction is a text input field for the "Presentation Title" with a red asterisk indicating it is required. The input field has a character count of "200 of 200 characters remaining".

2. Task 2 (ECIP Award Consideration): If you would like to have your abstract reviewed for an ECIP Travel Award, select “Yes”. If not, select “No”.

**\*\*If you select “NO” to Task 2, skip to number 10 of the instructions, section highlighted in green. You will not see the below questions highlighted in blue, numbers 3 – 9 of the instructions. \*\***

**\*\*If you selected “Yes” to Task 3, please follow the below instructions highlighted in blue, numbers 3 – 9. Skip instructions highlighted in green, numbers 10 – 11. \*\***

3. Task 3: If you selected “Yes to Task 2, the “ECIP Eligibility” question will populate on your screen. If you are eligible for the ECIP Travel Award, select “Yes”. To be eligible for the award, you must be an undergraduate student, graduate student, medical student, post-doctoral student, or less than five years out of a doctoral program in a field relevant to psychiatric genetics.
4. Task 4 (Documentation for Award Consideration): Please upload your CV/Resume in order to be considered for the Early Career Investigator Program.
5. Task 5 (Letter of Recommendation): Upload your letter of recommendation. Your letter of recommendation should be from your Mentor, Training Director, or Supervisor, stating your credentials and how you would benefit from the award.
6. Task 6 (Personal Statement): Upload your personal statement. Your personal statement should be one page or less that outlines your area of research, career goals, and future trajectory.
7. Task 7: Indicate if you have received the ECIP Travel Award in the past four WCPG meetings.

General  Participants  Submission **3** Disclosures

< Previous Save and Continue > Submit Abstract 3000 of 3000 over

**2** **ECIP Award Consideration \***  
Would you like to have your abstract reviewed for ECIP consideration.  
 Yes  
 No

**3** **ECIP Eligibility \***  
An early career investigator (ECIP) is an individual who is an undergraduate student, graduate student, medical student, post-doctoral student, or less than five years out of a doctoral program in a field relevant to psychiatric genetics. In order to be part of the program, applicants will be evaluated based on the following: Quality of submitted abstract, CV, Personal Statement, and Letter of support by your immediate supervisor. After reading the above eligibility requirements, would you like to proceed with your ECIP application? Please note, only one award application can exist per applicant.  
 Yes  
 No

**4** **Documentation for Award Consideration \***  
Please upload your CV/Resume in order to be considered for the Early Career Investigator Program.  
Upload ⓘ  
max file size: 8 MB

**5** **Letter of Recommendation \***  
Upload your letter of recommendation. Your letter of recommendation should be from your Mentor, Training Director, or Supervisor, stating your credentials and how you would benefit from the award.  
Upload ⓘ  
max file size: 8 MB

**6** **Personal Statement \***  
Upload your personal statement. Your personal statement should be one page or less that outlines your area of

8. Task 8 (Individual Abstract): Add your individual symposia abstract.

**8 Individual Abstract \***  
There is a maximum character limit of 3000.

3000 of 3000 characters remaining

9. Task 9 (Co-Author): Task 3 (Co-Authors): List your co-authors in the text field in which they should appear in the abstract publication. If the co-author is not in the ISPG database, you will need to enter their first name, last name, affiliation and email address. The maximum number of co-authors is 15. Co-authors are not required.

**6 Co-Authors**  
List your co-authors for this presentation (limit of 15).  
Search for co-authors to be added. If co-author is not found, then enter directly in the table below.

Search for co-author

Order	Presenter	First Name *	Last Name *	Affiliation *	E-mail *	
1	<input type="radio"/>	Sample	Sample	Sample	Sample	remove

\* You must populate First Name, Last Name, Affiliation, E-mail to complete the row.

Once all tasks are completed on this page, the buttons on the left will turn green. Select “Save and Continue” towards the top of the screen.

If you said “No” to Task 2:

10. Task 3 (Individual Abstract): Add your individual symposia abstract.

**8 Individual Abstract \***  
There is a maximum character limit of 3000.

3000 of 3000 characters remaining

11. Task 3 (Co-Authors): List your co-authors in the text field in which they should appear in the abstract publication. If the co-author is not in the ISPG database, you will need to enter their first name, last name, affiliation and email address. The maximum number of co-authors is 15. Co-authors are not required.

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1	<input type="radio"/>	Sample	Sample	Sample	Sample	remove

\* You must populate First Name, Last Name, Affiliation, E-mail to complete the row.

Select the orange “**Save and Continue**” button at the top of the page to proceed to the next step.

#### **STEP 4: Disclosures**

1. Task 1 (Disclosure): Select if you or your spouse has any financial relationships to disclose within the past 12 months.
2. Task 2 (Financial Relationships Details):
  - a. If you select “**No, I have nothing to disclose**” in Task 1, answer the attestation statements and then type your full name to verify the information you provided is accurate. Select the orange “**Save**” button at the top of the page. You will receive a pop-up message notifying you that your “Submission Saved Successfully!” and you can exit the submission site.
 

**\* Once all tasks are completed by all symposia participants, the chair will submit the final submission and the process will be complete.**

**3 Disclosure \***  
After having read the above definitions, in the past 12 months, have you or your spouse/partner had a financial relationship with any commercial interest?

Yes, I (or my spouse/partner) do have commercial interest to disclose.

No, I have nothing to disclose.

**4 Signature \***  
Please type your full name verifying the above information is true and accurate.

- b. If you select “**Yes, I (or my spouse/partner) do have commercial interest to disclose**”, to Task 1, enter the name of the commercial interest (s) and the nature of the relationship. You will need to complete the statement questions.

General  Participants  Submission  Disclosures **4**

**4 Financial Relationships Details \***

Please enter the name of the commercial interest (entity) and the nature of the relationship(s).  
**Please list the name of the entity in the 'Commercial Interest' column.** Examples of relationships include: Stock Shareholder, Scientific/Medical Advisory Board Member, Corporate Board Member, Consultant, Employee, Honoraria, Patent, Stock Shareholder.

Commercial Interest *	Type of Financial Relationship *	Individuals Involved (Self or Spouse) *
	(blank)	(blank)

\* You must populate all fields to complete the row.

**5 Statement 1 \***

For my role in the planning and delivery of this CME activity , I will not accept payments or reimbursements from a Commercial Interest (a company producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients).

I Agree

**6 Statement 2 \***

All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. If I am a presenter, my presentation will meet these standards, and if I'm a planner, I will not approve any content that does not meet these standards. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet these standards.

I Agree

**7 Statement 3 \***

CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. CME educational material or content that includes trade names should include trade names from several companies where available, not just trade names from a single company. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard. If I

- Task 3: Type your full name to verify the information you provided is accurate. Select the orange "Save" button at the top of the page. You will receive a pop-up message notifying you that your "Submission Saved Successfully!" and you can exit the submission site.

**\* Once all tasks are completed by all symposia participants, the chair will submit the final submission and the process will be complete.**

**4 Signature \***

Please type your full name verifying the above information is true and accurate.