

## 24th World Congress of Psychotherapy

United Nations Headquarters & City University of New York Graduate Center June 4-6, 2026

#### Psychotherapy, Mental Health and Human Rights- Caring for Vulnerable Populations, Healthcare Professionals, and Humanitarian Relief Workers

## SUBMISSION SITE USER GUIDE

http://wfp.societyconference.com/v2

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  - c.<u>Oral Paper</u>

d. Poster

### CREATE YOUR USER PROFILE

### https://wfp.societyconference.com/v2/



	Date of Bi	irth*	<b></b>			
			Enter date of birth in mm/dd/yyyy format.			
	Professional Title*					
	Office/Practice/Company*	Search for af	iliation			Q
	Other Affiliation					
	Biography					
	Enter required 'Work' informa	tion. Note: Yo	u may also maintain additional ad	dress and	contact information in th	e 'Home' and 'Other' tabs.
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## SUBMISSION SITE USER GUIDE LOGGING IN

## https://wfp.societyconference.com/v2/

ACTIONS NEW USER? CREATE AN ACCOUNT	Once you have created your profile, select "Existing User? Log In"
EXISTING USER? LOG IN	Enter your log in information
	User ID / E-mail
To reset your password,	Password
select "forgot Password? Reset Password", then	Remember my Login ID on this computer Log In
complete the requested	or
details.	Not a current user? Create a New User Account Forgot your password? Reset Password



#### Change your Password

This site is best viewed in latest versions of Chrome, Firefox, Safari and Microsoft Edge.

#### Reset Password



Enter the e-mail address associated with your user account. If password reset e-mail is not received within a few minutes, then please check spam/junk folders.

E-mail address*		ACTIONS
	Return to Login Reset Password	
		UPDATE PROFILE

GO TO MY SUBMISSION DASHBOARD

START A NEW SUBMISSION

ACCESSING SUBMISSIONS PORTAL

## Visit https://wfp.societyconference.com



Here you can find all the information on abstract & award submissions for the Annual Scientific Meeting including

guidelines and expectations.

To Submit Your Abstract Click on "Access Submissions Dashboard"



Access Submissions Dashboard

### NAVIGATING SUBMISSIONS DASHBOARD



Click on abstract title below to update and submit individual and supporting abstracts.



These are your current submissions. You can access the submission by clicking the title. If you were added as a presenter by someone else, that submission would also appear here.

> Start a New Scientific Submission

delete





You will first select

your submission

type.

# Note for proposals in the new system: **Symposia Chairs** should create, initiate and submit overall proposal for the group.



General Symposia

Poster Presentation

Oral Paper

Member Society Symposia

### **SYMPOSIA - CHAIR**

## Questions marked with \* are required.

#### Submission Type

General Symposia

Each symposium will be of 90 minutes duration with 2 co-chairs and 4 speakers. One of the co-chairs may also be a speaker. Speakers will limit the presentations to 15 minutes to allow for audience participation moderated by co-chairs. Symposia must address at least two of the congress topics.

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Select a Topic *				
Select a category please enter categ	hat is applicable to your a ory below.	bstract submission. If the	e appropriate category is not a	available,

After entering the title, the system will autocorrect to title case. This is for Abstract and Program Book purposes. Please review the title after correction.

Select the primary and secondary topics that best describe your submission.



### SYMPOSIA - CHAIR

## Participants marked with \* are required.

General	Participants 2 Submission 3	Disclosure	<u>s</u> (4)		Soarch for a usor by typing a
Participants	Previous Save and Continu	e 🗲 Abstract Admin	Submission Status	Disclosure Status	full name or email. If they are not found, select "Add a participant" to add them
Chair *	Kayla Hill remove khill@parthenonmgmt.com	$\checkmark$	Not	Not Started	manually.
Co-chair*	Q Search for participant Cannot find the participant? Add a new participant.		Not Started	Not Started	
Speaker *	Q Search for participant Cannot find the participant? Add a new participant.		Not Started	Not Started	John Doe
Speaker *	Q Search for participant Cannot find the participant? Add a new participant.		Not Started	Not Started	No results found Cannot find the participant? Add a new participant.



### SYMPOSIA - CHAIR

#### 1 Overall Abstract \*

Please enter your overall abstract. The abstract should be a concise narrative description of the academic activity and specify what each speaker will contribute.



## Please complete the program proposal details for the submission.

References \*

5

6

Please list 2 references relevant to the presentation (APA style)

Questions marked with \* are required.

Speaker Agreement \*

Language: English is the official language of the conference.

**Power Point Presentations:** Presenters are encouraged to organize their talks accompanied by power point slides. Slides are helpful for symposia and paper presentations. Bring your slides in portable memory sticks and email yourself back-up copies.

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**Registration**: All presenters are expected to register for the conference and pay registration fees according to the sliding scale published in the conference website. Please note that on-site registration will not be allowed, and all presenters must pre-register by the specified deadline.

I have read the above, understand and agree.

When all details have been entered, select Save and Continue to move to Disclosures.



### SYMPOSIA- CHAIR



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### SYMPOSIA - ALL

All presenters, discussants and chairs MUST complete the following fields to submit their financial disclosure.

Please note that each presenter will need to login and complete this step even if you enter their abstract information for the submission.



#### Financial Relationships

#### Definition of Financial Relationship:

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considered relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Contracted research includes research funding where the institution gets the grant and manages the fund and the person is the principal or named investigator on the grant.

There is no minimum dollar amount for relationships.

#### Definition of an Ineligible Company:

An *ineligible company* is any entity whose primary business is producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are <u>not</u> ineligible companies – unless the provider of clinical service is owned, or controlled, by an ineligible company.

#### Examples of such organizations include:

- · Advertising, marketing, or communication firms whose clients are ineligible companies
- · Bio-medical startups that have begun a governmental regulatory approval process
- · Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors

Disclosure \*

2

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After having read the above definitions, in the **past 24 months**, have you or your spouse/partner had a financial relationship with any ineligible company?

Yes, I do have a financial relationship to disclose.

No, I have nothing to disclose.

#### Financial Relationships Details \*

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

#### Ineligible Company \* Type of Financial Interest \*

(blank)

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

#### Statement 1 \*

I will not accept payments or reimbursements from an ineligible company (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) for my role in the planning and delivery of this CME activity. If I am approached by an ineligible company in this regard, I will immediately notify WFP.

I Agree.

#### Statement 2 \*

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. 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 the discussion, will meet these standards.

- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

#### The following are not ineligible companies:

- 501-C Non-profit organizations that do not advocate for ineligible companies
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

If you have a financial relationship to disclose, you will be asked to provide details here.

### SYMPOSIA - ALL

8

#### Statement 3 \*

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Presentations that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients, are prohibited. Presentations devoted to advocacy of unscientific modalities of diagnosis or therapy are prohibited. 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 the discussion, will meet these standards.

I Agree.

#### Statement 4 \*

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 am 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 the discussion, will meet these standards.

I Agree.

#### Statement 5 •

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Employee Disclosure \*

Are you an employee, owner, or hold stock/equity in a privately held company of an ineligible company?

Yes

O No

#### Statement 6 \*

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, product-group messages, or ineligible company logos. 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Statement 7 \*

The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of an ineligible 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Statement 8 \*

10

The content of the CME activity must not be influenced by any ineligible company. If I am a presenter, my presentation will meet this standard, and if I am a planner, I will not approve any content that does not meet this standard.

I Agree.

If you are an employee of an /ineligible company, you will be asked for additional details.



Upload your Resume/CV and complete the attestation.



#### Signature \*

I certify that all my affiliations with or financial relationships (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity defined as an ineligible company are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 24 months.

When all details have been added, select "Save" At the top of the page. When all participants have completed their submissions, the "Finalize Submission" option will become available.



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> Return to Dashboard Continue A confirmation message will pop up when the proposal is submitted.

X

### SYMPOSIA - CO-CHAIR, SPEAKERS

#### Individual Presentation Title \*

The title must be brief and clearly indicate the nature of the proposal.

Speaker Agreement \*

1

2

Language: English is the official language of the conference.

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I have read the above, understand and agree.

Please complete the details for the individual submission.



### SYMPOSIA - ALL

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#### Examples of such organizations include:

- · Advertising, marketing, or communication firms whose clients are ineligible companies
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- · Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors

Disclosure \*

2

3

After having read the above definitions, in the **past 24 months**, have you or your spouse/partner had a financial relationship with any ineligible company?

Yes, I do have a financial relationship to disclose.

No, I have nothing to disclose.

#### Financial Relationships Details \*

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

#### Ineligible Company \* Type of Financial Interest \*

(blank)

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

#### Statement 1 \*

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I Agree.

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- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
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If you have a financial relationship to disclose, you will be asked to provide details here.

### SYMPOSIA - ALL

8

#### Statement 3 \*

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I Agree.

#### Employee Disclosure \*

Are you an employee, owner, or hold stock/equity in a privately held company of an ineligible company?

Yes

O No

#### Statement 6 \*

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I Agree.

#### Statement 8 \*

10

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I Agree.

If you are an employee of an /ineligible company, you will be asked for additional details.



Upload your Resume/CV and complete the attestation.



#### Signature \*

I certify that all my affiliations with or financial relationships (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity defined as an ineligible company are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 24 months.

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	200 of 200 charact	ers remair
Select a Topic		
Select a categor please enter cate	that is applicable to your abstract submission. If the appropriate category is not gory below.	available,

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General 🥑	Participants 2 Submission 3	Disclosure	<u>s</u> (4)		Search for a upor by typing a
Participants	Previous	e 🗲 Abstract Admin	Submission Status	Disclosure Status	full name or email. If they are not found, select "Add a participant" to add them
Chair *	Kayla Hill remove khill@parthenonmgmt.com	$\checkmark$	Not	Not Started	manually.
Co-chair*	Q     Search for participant     Cannot find the participant? Add a new participant.		Not Started	Not Started	
Speaker *	Q Search for participant Cannot find the participant? Add a new participant.		Not Started	Not Started	John Doe
Speaker *	Q Search for participant Cannot find the participant? Add a new participant.		Not Started	Not Started	No results found Cannot find the participant? Add a new participant.



### MEMBER SOCIETY SYMPOSIA - CHAIR



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2

3

After having read the above definitions, in the **past 24 months**, have you or your spouse/partner had a financial relationship with any ineligible company?

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#### Ineligible Company \* Type of Financial Interest \*

(blank)

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

#### Statement 1 \*

I will not accept payments or reimbursements from an ineligible company (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) for my role in the planning and delivery of this CME activity. If I am approached by an ineligible company in this regard, I will immediately notify WFP.

I Agree.

#### Statement 2 \*

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- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

#### The following are not ineligible companies:

- 501-C Non-profit organizations that do not advocate for ineligible companies
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

If you have a financial relationship to disclose, you will be asked to provide details here.

### **MEMBER SOCIETY SYMPOSIA - ALL**

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#### Statement 3 \*

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I Agree.

#### Statement 4 \*

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I Agree.

#### Statement 5 •

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I Agree.

#### Employee Disclosure \*

Are you an employee, owner, or hold stock/equity in a privately held company of an ineligible company?

Yes

O No

#### Statement 6 \*

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, product-group messages, or ineligible company logos. 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Statement 7 \*

The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of an ineligible 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Statement 8 \*

10

The content of the CME activity must not be influenced by any ineligible company. If I am a presenter, my presentation will meet this standard, and if I am a planner, I will not approve any content that does not meet this standard.

I Agree.

If you are an employee of an /ineligible company, you will be asked for additional details.



Upload your Resume/CV and complete the attestation.



#### Signature \*

I certify that all my affiliations with or financial relationships (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity defined as an ineligible company are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 24 months.

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> Return to Dashboard Continue A confirmation message will pop up when the proposal is submitted.

X

### MEMBER SOCIETY SYMPOSIA - CO-CHAIR, SPEAKERS

#### Individual Presentation Title \*

The title must be brief and clearly indicate the nature of the proposal.

Speaker Agreement \*

1

2

Language: English is the official language of the conference.

**Power Point Presentations:** Presenters are encouraged to organize their talks accompanied by power point slides. Slides are helpful for symposia and paper presentations. Bring your slides in portable memory sticks and email yourself back-up copies.

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Registration: All presenters are expected to register for the conference and pay registration fees according to the sliding scale published in the conference website. Please note that on-site registration will not be allowed, and all presenters must pre-register by the specified deadline.

I have read the above, understand and agree.

Please complete the details for the individual submission.



### MEMBER SOCIETY SYMPOSIA - ALL

All presenters, discussants and chairs MUST complete the following fields to submit their financial disclosure.

Please note that each presenter will need to login and complete this step even if you enter their abstract information for the submission.



#### **Financial Relationships**

#### Definition of Financial Relationship:

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considered relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Contracted research includes research funding where the institution gets the grant and manages the fund and the person is the principal or named investigator on the grant.

There is no minimum dollar amount for relationships.

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#### Examples of such organizations include:

- · Advertising, marketing, or communication firms whose clients are ineligible companies
- · Bio-medical startups that have begun a governmental regulatory approval process
- · Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors

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After having read the above definitions, in the **past 24 months**, have you or your spouse/partner had a financial relationship with any ineligible company?

Yes, I do have a financial relationship to disclose.

No, I have nothing to disclose.

#### Financial Relationships Details \*

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

#### Ineligible Company \* Type of Financial Interest \*

(blank)

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

#### Statement 1 \*

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I Agree.

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- Diagnostic laboratories

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### **MEMBER SOCIETY SYMPOSIA - ALL**

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#### Statement 3 \*

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I Agree.

#### Employee Disclosure \*

Are you an employee, owner, or hold stock/equity in a privately held company of an ineligible company?

Yes

O No

#### Statement 6 \*

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I Agree.

#### Statement 8 \*

10

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I Agree.

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Upload your Resume/CV and complete the attestation.



#### Signature \*

I certify that all my affiliations with or financial relationships (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity defined as an ineligible company are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 24 months.

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X

### **ORAL PAPER**

## Questions marked with \* are required. Enter Title \* The title must be brief and clearly indicate the nature of the proposal. 200 of 200 characters remaining Select a Topic \* Select a category that is applicable to your abstract submission. If the appropriate category is not available, please enter category below. Second Topic \* Select a second topic from the list that is applicable.

Participants

After entering the title, the system will autocorrect to title case. This is for Abstract and Program Book purposes. Please review the title after correction.

Disclosures

Select the primary and secondary topics that best describe your submission.



Submission.

Submission

3

### **ORAL PAPER**

#### **Overall Abstract \***

Please enter your overall abstract. The abstract should be a concise narrative description of the academic activity and specify what each speaker will contribute.



## Please complete the program proposal details for the submission.

#### References \*

5

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Please list 2 references relevant to the presentation (APA style)

Questions marked with \* are required.

Speaker Agreement \*

Language: English is the official language of the conference.

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I have read the above, understand and agree.

When all details have been entered, select Save and Continue to move to Disclosures.



### ORAL PAPER

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#### **Financial Relationships**

#### **Definition of Financial Relationship:**

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#### Examples of such organizations include:

- · Advertising, marketing, or communication firms whose clients are ineligible companies
- · Bio-medical startups that have begun a governmental regulatory approval process
- · Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors

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After having read the above definitions, in the **past 24 months**, have you or your spouse/partner had a financial relationship with any ineligible company?

Yes, I do have a financial relationship to disclose.

No, I have nothing to disclose.

#### Financial Relationships Details \*

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

#### Ineligible Company \* Type of Financial Interest \*

(blank)

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

#### Statement 1 \*

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I Agree.

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- Blood banks
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### **ORAL PAPER**

8

#### Statement 3 \*

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I Agree.

#### Employee Disclosure \*

Are you an employee, owner, or hold stock/equity in a privately held company of an ineligible company?

Yes

O No

#### Statement 6 \*

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I Agree.

#### Statement 8 \*

10

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I Agree.

If you are an employee of an /ineligible company, you will be asked for additional details.

Submission Submitted Successfully!

confirmation e-mail.

You have successfully submitted your Oral Paper submission. You will soon receive a

Note: You may edit the submission until the submission period closes.



Submission Disclosures Save Submit Abstract

A confirmation message will pop up when the proposal is submitted.

Continue

### POSTER

## Questions marked with \* are required.

Submissio	n Туре
Poster Pre	esentation -
1	Enter Title *
T	The title must be brief and clearly indicate the nature of the proposal.
2	Select Topic *
Ť	Select a category that is applicable to your abstract submission. If the appropriate category is not available, please enter category below.
	-
3	Second Topic *
Ť	Select a second topic from the list that is applicable.
	•
4	Poster Presentation Track *
<u> </u>	Please select which track for your poster:

After entering the title, the system will autocorrect to title case. This is for Abstract and Program Book purposes. Please review the title after correction.

- O Clinical Track
- O Research Track

### Select the primary and secondary topics that best describe your

### submission.



POSTER

remove

#### Poster Abstract \*

The abstract should be a concise description of results, findings and conclusions of a psychotherapy research study, or an illustrative clinical case or case series. Maximum 250 words.

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iliation *
K

Ten Young Investigator Awards will be presented by the President at the Closing Ceremony of the World Congress.

Each of the ten winners will be awarded waived registration fee and a stipend of \$1,000 USD. The stipend is meant to cover travel expenses and will be given retroactively within one month after the conclusion of the congress. These awards are reserved for early-career clinicians (within 7 years of completion of training-Masters, Ph.D., or residency training). The awardee must be the first author of the poster and be physically present at the congress. Those to be considered will have to apply for the awards when submitting the abstract and adhere to the submission deadline. The jury will be made up of at least three members of the scientific committee.

To add a co-author, type their name and affiliation in the grid. Presenters are added automatically. Use the arrows to reorder. Select "Remove" to delete an entry.

The yellow box displays a preview of the abstract book author listing. Review

Are you within 7 years of completion of training - Masters, Ph.D., or residency training - and want to be considered for a Young Investigator Award?

O Yes, I am eligible and would like to be considered for a Young Investigator Award.

O No, I am not eligible and/or would not like to be considered for a Young Investigator Award.

#### Informed Consent \*

4

Informed Consent must be obtained for all clinical case presentations (signed consent from patients). A note should be included in the poster stating that the patient(s) in the case report(s) gave informed consent for presentation. Additionally, you may disguise case material to protect confidentiality, but not as a substitution of informed consent.

I have read the above, understand and agree.

## and edit entries if needed.

### POSTER

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Disclosure \*

2

3

After having read the above definitions, in the **past 24 months**, have you or your spouse/partner had a financial relationship with any ineligible company?

Yes, I do have a financial relationship to disclose.

No, I have nothing to disclose.

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## SUBMISSION SITE USER GUIDE POSTER

8

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I Agree.

#### Statement 4 \*

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 am 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 the discussion, will meet these standards.

I Agree.

#### Statement 5 \*

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Employee Disclosure \*

Are you an employee, owner, or hold stock/equity in a privately held company of an ineligible company?

Yes

O No

#### Statement 6 \*

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, product-group messages, or ineligible company logos. 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Statement 7 \*

The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of an ineligible 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 am a session chair and/or an abstract discussant, any contribution I make to the discussion, will meet this standard.

I Agree.

#### Statement 8 \*

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The content of the CME activity must not be influenced by any ineligible company. If I am a presenter, my presentation will meet this standard, and if I am a planner, I will not approve any content that does not meet this standard.

I Agree.

If you are an employee of an /ineligible company, you will be asked for additional details.

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