CALL FOR SYMPOSIA
Joint ISAM & CSAM-SMCA meeting
Montreal, Oct 20-22, 2016

An International Collaboration in Addiction Medicine

Symposium Content

- All symposia abstracts must be submitted by electronic copy by the deadline below
- The abstract body must not exceed 250 words (including tables and references), and must include title, list of authors and affiliations, and content including concise introduction. Statements of the empirical studies are to include a brief statement of the objective, rationale, methodology, results, and conclusions as well as references if applicable. The average length of a symposium is 90 minutes.
- Titles of talks within the symposium and presenters must be listed
- The presenting author will receive a one-day registration for the day they present. Co-presenters must register for the meeting.
- **Every abstract will require 2 learning Objectives to be stated at beginning of presentation**
- **Disclosure Slide:** Please be advised that a slide with disclosure will be required as part of each presentation. Samples will be provided with speaker acceptance letter.
- All presentations will be made available to members on the ISAM and CSAM-SMCA webpages unless the speaker expressly refuses to give permission.
- **Publication:** ISAM/ CSAM-SMCA reserves the right to publish select conference abstracts in the ISAM Substance Abuse Journal or CSAM-SMCA Canadian Journal of Addiction or other affiliate journals
- **Submission:** electronic format in Microsoft Word .doc or .rtf file format by e-mail to admin@csam-smca.org

The cover sheet or email for your submission must include the following information:

- Full name of all authors with presenting author underlined
- Mailing address
- Institution and department
- Phone and fax numbers
- Email address
- Max 50 word Bio

Conference Inquiries: Phone: 403 813-7217 webpages: www.csam-smca.org E-mail: admin@csam-smca.org

SUBMISSION DEADLINE IS APRIL 1st, 2016

ISAM/CSAM-SMCA Montreal 2016

- Symposium Title : _____
- Name of the Coordinating Author :_____
- Mailing Address : _____

  _____
- Tel. or Cell _____ Email _____
- Presentations within symposium and Author(s) Name :
  - _____
  - _____
  - _____
  - _____

Extra AV requirements (laptop/projector screen provided): ex. Internet_____

Symposium Abstract body below - to not exceed 250 words - Empirical studies are to include objective, methodology, results, and conclusions and max. of 2 references if applicable

Learning Objectives:
1.
2

Bio (max 50 words):

Permission to publish abstract(s) in ISAM Journal, CSAM Journal or Affiliate publications? ____Yes ____No

SPEAKER DISCLOSURE FORM

It is the policy of the Office of Continuing Medical Education and Professional Development to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning or presentation must complete this form.

CME Activity Title: ISAM & CSAM-SMCA 2016 Montreal, Octo 20-22, 2016

Title of Presentation:

Please indicate your role in this CME activity: ___ **Presenter** ___ **Planner**

Name: **Title:**

Phone: **E-mail:**

DISCLOSURE

Have you (or your spouse/partner) had a personal financial relationship **in the last 12 months** with the manufacturer of the products or services that will be presented in this CME activity (planner) or in your presentation (speaker/author)?

☐ **YES (please list your disclosures and resolutions below)** ☐ **NO (skip to DECLARATION section below)**

Commercial Interest		Nature of Relevant Financial Relationship
Name of Company		Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other
1.		
2.		
3.		

RESOLUTION OF CONFLICT OF INTEREST

Presenter/Authors

☐ I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.
☐ I will refrain from making recommendations, regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
☐ I will recommend an alternative presenter for this topic for the planning committee's consideration.
☐ I will submit my talk in advance to allow for adequate peer review.
☐ I will or have divested myself of this financial relationship.

Planners

☐ To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
☐ I will recuse myself from planning activity content in which I have a conflict of interest.

DECLARATION

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.

Signature Date

Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.

Please submit electronically as a Microsoft .doc or .rtf to admin@csam-smca.org