**11th Annual Addiction Day Scientific Conference and Networking Fair 2019**

**Edmonton, Alberta**

**June 7, 2019**

**Executive Royal Inn – Edmonton International Airport**

**CALL FOR ABSTRACTS**

***“Addiction: Addressing Diversity”***

The 11th Annual Addiction Day Scientific Conference and Network Fair welcomes you to our Annual Conference in Edmonton, Alberta on June 7th, 2019. This year’s theme is “Addiction: Addressing Diversity”. The conference focus will be on addiction challenges and successes pertaining to special populations. All topics of addiction are welcome and encouraged under this special presentation. Join us for the latest updates and reviews of current issues.

Addiction Day will provide a forum for researchers, clinicians, educators and service providers to meet, learn collaborate and exchange ideas.

**Abstract Content**

* Abstracts are being encouraged and accepted for workshops.
* Abstracts will be themed in alignment with the following special populations:
* Youth and Adolescents
* Culturally Diverse
* Women/Pregnancy
* Seniors
* Gender Diverse
* Abstracts by students are encouraged
* The abstract body specifically, must not exceed 250 words
* Abstract submissions must also include:
  + Requested format
  + Title
  + Presenting author’s name, affiliation, mailing address and email contact information
  + Co-authors and affiliations
  + If applicable: objective, methodology, results, and conclusions
  + References if applicable.
  + Two (2) Learning Objectives
  + Brief 50 word bio for introductions
  + Additional AV needs
* The average length of a presentation will range between 25-30 minutes.
* There is no limit to the number of abstracts you can submit.
* Notice of abstract acceptance will be sent to the lead author at least two months prior to the conference.
* Presenting authors will receive a complimentary registration.
* **Disclosure Slide:** a Disclosure slide will be required in each presentation. Samples will be provided to accepted speakers.
* **Abstract Submission:** electronic format in Microsoft Word .doc format, or in pdf format by e-mail to [concurrent.disorders@ahs.ca](mailto:concurrent.disorders@ahs.ca)
* All abstracts must be submitted by 11:59pm on the deadline. Late abstracts cannot be accepted.

**Conference Inquiries:** E-mail: [concurrent.disorders@ahs.ca](mailto:concurrent.disorders@ahs.ca)

Upon Acceptance – decisions will be made after the deadline:

* Presenters will receive a letter with date and time of presentation
* Final programs will be emailed once completed to show presentation room
* Venue is the Executive Royal Inn – Edmonton International Airport (8450 Sparrow Dr, Leduc, AB.)

**\*NOTE:** **Abstract submissions not chosen for presentation, may be invited to submit poster presentations. ABSTRACT DEADLINE IS February 28th, 2019**

# 11th Annual Addiction Day 2019 Abstract Submission Form

**Requested format:**

**\_ Oral Presentation:** 25-30 minutes for individual presentations, followed by Q&A**; (two presentations**

**running consecutively followed by a 15 minute Q & A session)**

* Abstract Title :
* Name of the Presenting Author:
* Co-Author(s):
* Mailing Address:

* Tel. or Cell Email:

**Extra AV requirements (laptop/projector screen provided): ex. Internet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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):**

**Disclosure of Conflict of Interest**

The *National Standard for Support of Accredited CPD Activities* (the National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians.

**Definitions:**

**Conflict of interest:** A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (example a patients’ welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues).

**Perceived conflict of interest:** A perceived conflict of interest is the appearance of a conflict of interest as judged by outside observers regardless of whether an actual conflict of interest exists

**Real conflict of interest**: A real conflict of interest is when two or more interests are indisputably in conflict.

**National Standard Element 3: Conflict of Interest**

This element describes the processes and requirements for gathering, managing and disclosing conflicts of interest to participants.

3.1 All members of the Scientific Planning Committee (SPC), speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years including (but not necessarily limited to):

a) Any direct financial payments including receipt of honoraria;

b) Membership on advisory boards or speakers’ bureaus;

c) Funded grants or clinical trials;

d) Patents on a drug, product or device; and

e) All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

3.2 The SPC is responsible to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest. The SPC must also have procedures in place to be followed if a conflict of interest comes to its attention prior to or during the CPD activity.

3.3 All members of the SPC, speakers, moderators, facilitators, and authors, must disclose to participants their relationships as described in 3.1

3.4 Any individual who fails to disclose their relationships as described in 3.1 and 3.3 cannot participate as a member of the scientific planning committee, speaker, moderator, facilitator or author of an accredited CPD activity.

**Process:**

1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.

2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.

3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual’s conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials

4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.

5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not

**Disclosure of Conflict of Interest**

11th Annual Addiction Day Scientific Conference and Network Fair, Edmonton, AB, June 7, 2019

***(Left click twice on check boxes to fill in****)*

|  |  |  |  |
| --- | --- | --- | --- |
| Title of CPD Activity | **11th Addiction Day Scientific Conference and Networking Fair** | | |
| Date of CPD Activity | **June 7th, 2019** | | |
| What is your role in the CPD activity? | Member of the scientific  planning committee | Moderator | Speaker |
| Author | Facilitator |
| Other *(describe)* | | |
| **I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose** | | | |
| **I have/had a relationship with a for-profit- and/or a not-for-profit organization to disclose**  Please indicate the organization(s) with which you have/had a relationship over the previous two years  and briefly describe the nature of that relationship. | | | |
| **Nature of relationship(s)** | **Nature of for-profit or not-for-profit organization(s)** | **Description of relationship(s)** | |
| Any direct financial payments including receipt of honoraria |  |  | |
| Membership on advisory boards or speakers’ bureaus |  |  | |
| Funded grants or clinical trials |  |  | |
| Patents on a drug patents or device |  |  | |
| All other investments, or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity |  |  | |
| **To be completed by speakers only** | | | |
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication).  ***Note:*** *You must declare all off-label use to the audience during your presentation.* | | | **Yes**  **No** |
| I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding | | | **Yes**  **No** |
| **I Agree By** clicking and checking off “I agree” you are acknowledging that the above information is accurate and that you understand that this information will be publicly available | | | |
| **Name:**  ***(Please Print)*** | | **Date:**  ***MM/DD/YEAR*** | |
| ***Signature:*** | |

**Please submit electronically as a Microsoft .doc to:** [**concurrent.disorders@ahs.ca**](mailto:concurrent.disorders@ahs.ca)