**2019 ISTSS ANNUAL MEETING**

**PRESENTATION WITHDRAW or CHANGE FORM**

**Deadline for information to be published in Final Program:**

**September 12, 2019**

(Changes submitted after this date will be published in a Program Addendum)

You may complete this Word form electronically. If you do not have an electronic signature, please print the completed form and mail or fax (+1-847-686-2251) to ISTSS Headquarters.

**Abstract Tracking ID# or Primary Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Presentation:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Withdraw this presentation from the ISTSS conference. **I have notified all of my co-presenters.**

I, and my co-presenters, are aware that **presentation reinstatements are not allowed.**

(There is no change fee for withdrawing presentations)

□ Add or remove the following presenters/discussants/co-authors **at the charge listed below.\***

□ Change the title of the abstract **at the charge listed below.\***

□ Change the abstract at the charge listed below.\* **(New text must be provided electronically)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Highest Degree*****(if adding)*** | **Affiliation, Affiliation Address, City, State/Province/Country, Phone, Email*****(only required if adding)*** | **Role (chair, presenter, discussant, or co-author)** | **Action Requested** |
|  |  |  |  | \_\_ Add\_\_ Remove |
|  |  |  |  | \_\_ Add\_\_ Remove |
|  |  |  |  | \_\_ Add\_\_ Remove |

**□** I understand that I must supply any additional presenter’s or discussant’s CV/Bio, Financial and Content Disclosure forms to mhagedorn@istss.org. Visit the ISTSS annual meeting web site at [www.istss.org](http://www.istss.org).

**CHANGES ARE SUBJECT TO APPROVAL BY THE PROGRAM COMMITTEE**

I hereby wish to make the above change(s) and I understand that I must notify, or have already informed, all co-presenters of this decision. I have provided change fee payment information below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print form, sign and mail or fax to +1-847-480-9282, Attn: Michael Hagedorn)

Date:

**\*There is a one-time $50.00 change fee for changes made simultaneously on one change form. Separate change forms submitted regarding the same presentation will be charged an additional $50.00 per request.**

Payment:

□ MasterCard □ VISA □ American Express □Discover Card?

□ Check (U.S. dollars only; payable to: International Society for Traumatic Stress Studies)

Name on Card Card Number Expiration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit form to:** Michael Hagedorn, ISTSS, One Parkview Plaza, Suite 800, Oakbrook Terrace, IL 60181 or mhagedorn@istss.org; Fax: +1-847-686-2251