

**2023 ISTSS ANNUAL MEETING
PRESENTATION WITHDRAW or CHANGE FORM
Deadline for information to be published in Final Program:
August 31, 2023**

(Changes submitted after this date will not be published in a Program Addendum)

Please complete this Word form electronically and email it to Kate Monkus at the ISTSS Headquarters at kmonkus@kellencompany.com.

Abstract 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
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
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- I understand that I must supply any additional presenter's or discussant's CV/Bio, Financial and Content Disclosure forms to kmonkus@kellencompany.com along with this form. Visit the ISTSS annual meeting web site at 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: _____
(email form to kmonkus@kellencompany.com)

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)

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PRINT your name:

Submit form with Credit Card payment to: Kate Monkus, ISTSS, One Parkview Plaza, Suite 800, Oakbrook Terrace, IL 60181 or kmonkus@kellencompany.com. **Please sure to send this form along with the presenters CV.**

If paying by check:

Mail Check to:

ISTSS

P.O. Box 723248

Atlanta, GA 31139

***Immediately** email the form to Kate Monkus indicating that you are paying by check at kmonkus@kellencompany.com. **Please sure to send this form along with the presenters CV.**