**Note:**From the time this form is received it will take no less than 6 weeks prior to the start of abstract submission. Please adjust your timelines accordingly when completing each sections timelines.

Instructions:

1. *Please complete and return to Kourtney Skinner at email:* *kskinner@iadr.org*
2. *Please send form as soon as possible but no less than 6 weeks prior to the start of abstract submission. If less than 6 weeks please adjust your timeline accordingly.*

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| **Organizer Contact informatioN** |
| Division, Region, or Section Name: |  |
| Contact Name: |  |
| Email Address: |  |
| Phone Number (Incl. country/city codes): |  |
| FAX Number (Incl. country/city codes): |  |
| Mailing Address: |  |
| **Meeting Information** |
| Meeting Name/Title as it should appear on the website: |  |
| Meeting Dates: |  |
| Meeting Location: |  |
| Meeting Website (If applicable) in addition to your registration Web site (if applicable) and the date that registration will start. |  |
| Expected Attendance: |  |
| What name and email address should be used as a Contact name for presenters with questions about the meeting? |  |
| I have read the IADR Corporate Sponsorship Policy (<https://www.iadr.org/events/event-policies/corporate-sponsorship-policy>) and confirm the submitted Division, Region or Section Meeting conforms with this policy. |  |

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| **Abstract submission informatiON** |
| Does your Divisional/Region/Section plan to submit abstracts online: Yes/No |  |
| Approximate # of Abstracts Expected: |  |
| Submission Open Date/ Time*. \*Note submission defaults to EST* |  |
| Submission Close Date/Time. *\*Note submission defaults to EST* |  |
| Do you collect abstracts by scientific group topics? (The IADR standard is to collect abstracts by scientific group topics; if different topics will be used they must be provided with this form) |  |
| Modes of Presentation: For example: Oral, Poster, Oral or Poster, Oral and Poster |  |
| Please list any awards/competitions that should be added as selection options on the online abstract submission form. Please include a brief description of each to be listed online. |  |
| Should the designated presenter be asked if they want to volunteer to be an oral session chair? **(Yes/No)** |  |
| Should we ask if the designated presenter is a student? |  |

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| **Review information** |
| Do you want to review the abstracts online? Yes/No |  |
| If yes, how many reviewers? |  |
| Review Open Date/ Time*. \*Note submission defaults to EST* |  |
| Review Close Date/Time. *\*Note submission defaults to EST* |  |
| By what date should presenters expect to be notified of acceptance/rejection? |  |
|  |
| **Session/Scheduling information - \*All abstracts must be scheduled in order to generate program book materials** |
| Do you want to **schedule** the abstracts online in the ScholarOne Abstract System? Yes/NoThis process requires an additional time commitment from the Organizers. |  |
| Session Open Date/ Time*. \*Note submission defaults to EST* |  |
| Session Close Date/Time. *\*Note submission defaults to EST* |  |
| **Notes:**  |
| **THANK YOU.** |