

### Abstract Submission Guidelines:

Abstracts are peer-reviewed and will be selected based on scientific merit. Abstracts should clearly outline results from scientific studies. Accepted abstracts will be published in *CyberPsychology & Behavior Journal*, a peer-reviewed journal which is indexed in both MedLine and PsycInfo. Selected full papers will be published in the conference proceedings available after the conference. Acceptance letters of program participation will be sent in early October.

It is required that all conference presenters register for the conference as professionals. Presenters who do not register before the conference will have their papers withdrawn.

#### FORMAT:

Typed abstract with the following information:

- Title of presentation in upper and lower case letters
- Presenter(s) name: first name, last name, degree(s), and ONE affiliation including city, state, and country
- E-mail, telephone, and fax information, including national or international codes
- Additional authors names and affiliations, if any
- Abstract of no more than 500-words, double-spaced with one-inch margins on all four sides
- **Research Status.** Please clearly state the status of your research. Examples: Planned, In Progress, Completed, Preliminary Clinical Trials, Clinical Use, FDA-Approved, etc.
- **Required structure:** Background/Problem, Method/Tools, Results, Conclusion. Please limit the TOTAL text of the combined Background, Methods and Tools, Results, Conclusions, and Novelty sections to 500 words or less. (Title, author listing, and references do not count toward this maximum.
- **Novelty/Discussion:** Please cover what makes this research different from prior work by yourself or by others. Please focus on the most unique aspect of your research, instead of broad implications. Please be brief, as this section counts toward the 500 word maximum.
- **References:** Optional but appreciated. Please use a standard bibliographic format.
- Tables and photos should not be included in the abstract submission
- Acceptable formats are Word 97, Word 2000, or Word XP format
- The conference is in English and all abstracts will need to be in English. Please check spelling and grammar as your abstract will be printed in the conference syllabus.

**SUBMISSION REQUIREMENTS:**

- Abstract following format listed above (as e-mail attachment)
- Curriculum Vitae (as e-mail attachment)
- Presenter Agreement Form (below)
- Faculty Disclosure Form (required for CME Approval) (below)

E-mail submissions to: [cyberpsych@vrphobia.com](mailto:cyberpsych@vrphobia.com)

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San Diego, CA 92121

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**CYBERTHERAPY 2004 – 10/12 January 2004**

**San Diego, CA, USA**

**Presenter Agreement**

I, Surname \_\_\_\_\_ Name \_\_\_\_\_ understand that:

- The organization of the conference does not compensate any presenter unless express written permission is granted by an authorized representative of the Institute.
- The organization of the conference does not reimburse for any expenses related to travel to make a presentation or to develop the presentation unless agreed to prior to the conference in writing.
- If abstract is accepted for presentation at the CyberTherapy conference, I hereby consent to the following (please initial each):

\_\_\_\_\_ CV: I agree to send a CV to the organization (required for CE approval)

\_\_\_\_\_ I understand that conference presentations are not intended as forums for marketing products or services, and I will refrain from using the forum for this purpose.

\_\_\_\_\_ I agree to register prior to the conference and pay the conference registration fee or risk my abstract being withdrawn from the program.

\_\_\_\_\_ I understand that I must adhere to all conference deadlines.

My signature below indicates my agreement that, if this abstract is accepted for presentation at the conference, it may be audiotaped or videotaped by the Institute or its agents for use and distribution without remuneration or compensation to me. I also understand that registered members of the media may audio or videotape any or all of the presentations on the program, except when an individual presenter specifically requests no audio or videotaping be permitted.

\_\_\_\_\_ Permission Granted

\_\_\_\_\_ Permission Not Granted

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fill in and send to:  
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**Faculty Disclosure Form**

Activity Name/Date:.....

Presenter's Name:.....

Title of Presentation:.....

**Faculty Disclosure Declaration**

A conflict of interest may be considered to exist if a faculty member of a continuing educational activity is affiliated with or has a financial interest in commercial organizations that may have a direct or indirect interest in the subject matter of his/her presentation. A "financial interest" may include but is not limited to being a shareholder in the organization, being on retainer with the organization or having research or honoraria paid by the organization. An "affiliation" may be holding a position on an advisory committee or some other role of benefit to a sponsoring organization.

The intent of this disclosure requirement is not to prevent a speaker with a conflict of interest from making a presentation, but to make known the relationship, in advance, to the audience. It is intended that any conflict be openly identified so that with the full disclosure of the facts, the attendees may form their own judgments about the presentation. The prospective audience will be made aware of the affiliation/financial interest by an acknowledgment in the faculty listings appearing in the program or syllabus.

**Please answer A, B and C:**

A. I do or do not have a financial interest, arrangement or affiliation with a commercial organization that may have a direct or indirect interest in the subject matter of my presentation. If yes, please note below:

Affiliation/Financial Interest

Grant /Research Support

Consultant

Speaker's Bureau

Major Stock Shareholder

Other Financial/Material Support (please specify):

Name of Organizations(s)

B. My presentation \_\_\_\_ **will** or **will not** involve comments or discussion concerning the use of a medical device or pharmaceutical that is classified by the Food and Drug Administration (FDA) as investigational.

C. I am a full time employee of the commercial organization \_\_\_\_\_.

**You are responsible for disclosing the above information to the audience at the beginning of your presentation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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