

2025 APF Abstract Questionnaire



2025 Allied Professionals Forum Abstract Submission

Please provide us with some relevant details regarding your proposed session.

ALLIANCE MEMBER REPRESENTATIVE: *

Are you submitting this proposal as a representative of an Alliance member?

- ☐ Yes
☐ No

SESSION DELIVERY: *

Please confirm that your intention is to deliver your session in person at the conference in Toronto, Canada.

- ☐ Yes! I will present in-person.
☐ No. I will be unable to attend in-person.



Share your outcomes, lessons learned and the impact of your programs or models of care.

Note: Abstract proposals may include what has been listed but it is not limited to this. We welcome proposals that you deem are relevant for the theme selected.

| THEMES | TOPIC SUGGESTIONS | |
|-------------------------|--|--|
| Care | <ul style="list-style-type: none">Care ManagementCognitive changeNursing and symptom managementNutritionOccupational therapy and activities of daily livingSpeech therapy and communicationPhysiotherapy and mobilityRespiratoryTherapeutic interventions and rehabilitationAlternative therapiesPalliative careAssistive technology/improving technology | |
| Research | <ul style="list-style-type: none">Clinical trialsResearchEvaluation of biomarkers for diagnosis and progression monitoringPatient outcomes and experienceWhat it means to be in a trial (participant responsibilities)Research landscape | |
| Education & Information | <ul style="list-style-type: none">ResourcesEthical issuesEmergency preparednessDeath literacy | |
| Quality of life | <ul style="list-style-type: none">Assistive technology/improving technologyArts, culture & sportSex & IntimacyHome care servicesHome modifications for people living with ALS/MND | |
| Support | <ul style="list-style-type: none">Mental health supportPsychosocial and emotional support models of careEnd of lifeFertility counselling/ Family planningEmotional support for Allied Health Professionals | |
| Genetics | <ul style="list-style-type: none">Genetic counsellingGenetic testingGenetics education and supportGenetics telehealth | |
| Caregivers/Carers | <ul style="list-style-type: none">Topics related to caregivers in ALS/MND. | |

Theme selection: *

Please select which of the themes below is most relevant to your presentation or poster.

Select...▼

AUTHOR(S):

If you are presenting on published research, please list all authors.

BACKGROUND: (100 word limit) *

Please include a brief description of the project and/or research you wish to present.

OBJECTIVE: (100 word limit) *

Please provide a brief outline of the primary objectives of this project and/or research.

CLINICAL OUTCOME(S): (100 word limit) *

Please include a list of the clinical outcomes.

RECOMMENDATIONS TO THE FIELD: (100 word limit) *

Please include the final recommendations to the field.

Please review the following sections, and submit any questions or concerns to alliance@als-mnd.org.

Author Verification Agreement: *

The submitting Author must agree to and select the following "Author Verification Agreement" statement button below. By checking the box, you verify that each author/co-presenter to be listed on the submitted abstract has contributed to the content of the abstract and consented to the submission of said abstract.

- ☐ Confirm

Distribution Agreement: *

The corresponding Author must agree to and select "Distribution Agreement" button below. By checking this box, you verify that each author listed on the submitted abstract has agreed to permit the distribution of the abstract at the Alliance Meeting and/ or the Allied Professionals Forum and any other publication resulting from the Conference. The authors must also acknowledge that their session will be recorded. Under this constraint, you also verify that all contributing Authors will obtain or have obtained permission for the use of any copyrighted materials that may be presented at the Alliance Meeting and/or the Allied Professionals Forum for education purposes from the appropriate copyright owner(s) and publisher(s).

- ☐ Confirm

Conflict of Interest: *

The International Alliance of ALS/MND Associations require all Authors at the Alliance Meeting and/or the Allied Professionals Forum to disclose any actual or potential conflict of interest. The intent of this policy is not to prohibit speakers from presenting, but rather to allow audience members to form their own judgements about the presentation with the full disclosure of the facts. Any financial relationship, business or commercial, with sponsoring companies or organizations about whose product or services that the Author(s) are reporting must be disclosed. If such a financial arrangement exists, a disclosure statement must be emailed to jessica.mabe@als-mnd.org.

- ☐ Confirm

Cookies: *

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- ☐ I consent

Personal Information *

We require your consent to use your personal information (name, organization, country, email address).

- ☐ I consent
☐ I do not consent

Meeting Related Communications: *

Your consent is needed to share meeting related communications (pre-event, during the event and post-event) with you by email and/or phone (e.g. confirmation notices, receipts, post-event surveys, updates to schedules, information on how to locate event details, thank you for joining emails, etc.)

- ☐ I consent
☐ I do not consent

Attendance: *

Your consent is required so that the Alliance can document attendance at meetings, identify action items, contact you with updates regarding this event and other correspondence related to your role and/or attendance at the Alliance Meeting and/or the Allied Professionals Forum.

- ☐ I consent

Filming & Photography: *

Per GDPR Regulations - we are obligated to notify participants that filming and/or photography is taking place at this event. When using images or recordings where individuals are featured prominently and are clearly identifiable, we are obligated to collect a consent form from those individuals who are featured prominently. Because you are submitting an application to be a speaker and/or poster presenter, we are required to obtain your consent to share your photo and likeness along with any videos that may be captured during these events.

- ☐ I consent

Submit

