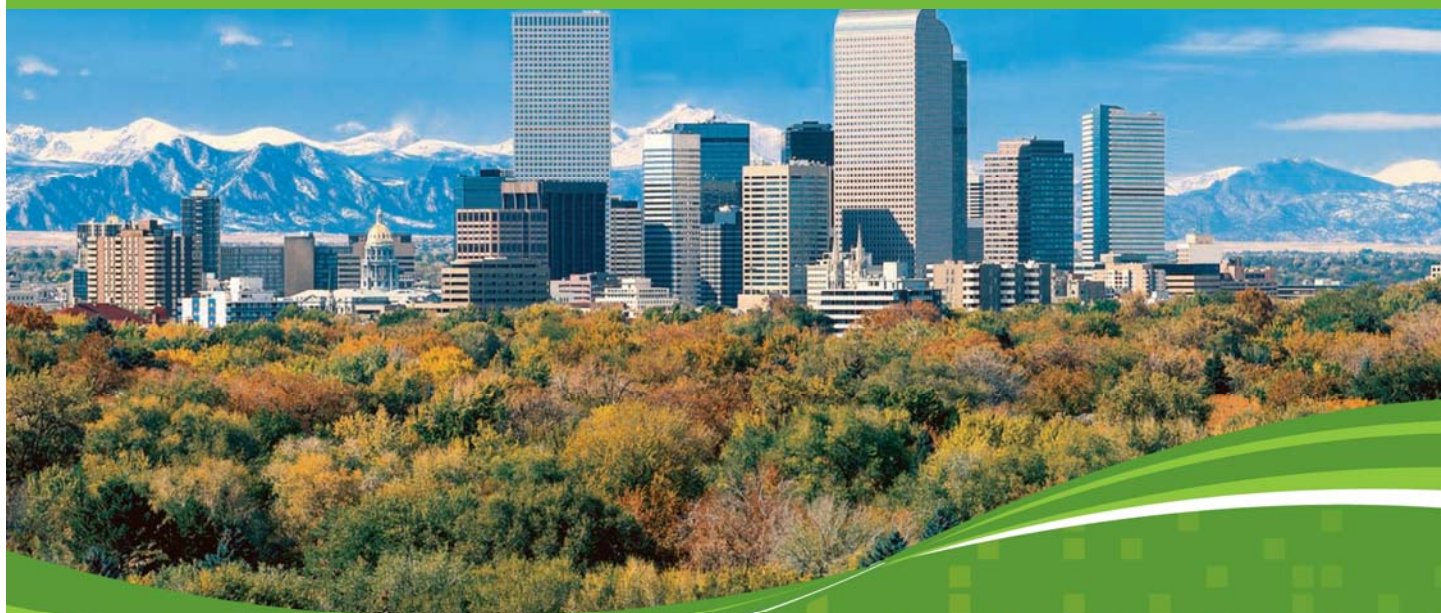


Abstract Submission Instructions



ASBMR 31st Annual Meeting

September 11–15, 2009 \ \ Colorado Convention Center \ \ Denver, CO

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Submission Deadline

The ASBMR welcomes your scientific abstract submission to the ASBMR 31st Annual Meeting. **Abstracts must be submitted by Tuesday, April 14, 2009, at 5:00 pm, Eastern Daylight Time.** It is your responsibility to ensure that the abstract is entered online by the deadline. All abstracts must be submitted using the new ASBMR Abstract Center and may be accessed via the ASBMR website at www.asbmr.org.

Technical Support

Abstracts for the ASBMR Annual Meeting are submitted via an online abstract submission system. The abstract submission site is intended for use with Internet Explorer 7.0, Mozilla Firefox 3.0, and Safari 3.0 browsers. The submission program uses a password gate that protects the confidentiality and integrity of your abstract. If at any point during the submission process you have a question, please click on the "Get Help" button located in the lower right hand corner.

Technical Assistance is available **Monday-Friday, 9:00 a.m. - 5:00 p.m. EDT** by calling 202-367-1161 or emailing abstracts@asbmr.org. Should you need assistance after hours or over the weekend, please leave a voice message or send an email to the address and number listed above and ASBMR staff will respond the next business day.

Important Guidelines


- No two abstracts and/or presentations that share one or more authors may overlap significantly in content. (See Step 2)
- Please use the "Schedule Conflicts" section to indicate any schedule conflicts of which you are already aware that would preclude your presenting your abstract on a certain day(s) or at a specific time of the meeting (September 11-15, 2009). Please be aware that the ASBMR will **NOT** make any changes once the abstracts have been assigned to the program.
- Authors of an abstract describing a study funded by an organization with a proprietary or financial interest must identify the organization and affirm that they had full access to all the data in the study under the "Additional Information" section. By so doing, they accept complete responsibility for the integrity of the data and the accuracy of the data analysis. (See Step 7)
- After submitting your abstract, please read your text online to ensure accuracy. **No corrections will be accepted after the abstract submission deadline of Tuesday, April 14, 2009, 5:00 pm, Eastern Daylight Time.**

Preparation Instructions and Online Submission

Please read the following guidelines and rules thoroughly before preparing your abstract. Abstracts not adhering to these rules will not be reviewed. Below are the steps you will find when you enter the abstract submission system. Click on the page numbers below for further information and instructions regarding these steps.

STEP 1: GENERAL INFORMATION

Abstract Title

1. Make the title brief, clearly indicating the nature of the investigation.
2. Do **NOT** use all capitalized or all lowercase letters. (**Correct Example:** This Is the Title of the Abstract)
3. Do **NOT** use ending punctuation in your title.
4. Do **NOT** enter your entire abstract in the title entry area.
5. Do **NOT** cut and paste your title. If you do, you will need to delete any extra html codes that may interfere with the format of the title.
6. If you need to use a symbol within the title, click on the "insert custom character" icon () within the title toolbar.

Abstract Review Categories

Select up to 3 categories, in order of priority, which best suit your abstract. Please note that the categories are divided into either Basic/Translational OR Clinical/Pre-Clinical Categories. Please take care to select the appropriate review category for your abstract.

Basic/Translational Categories

- A. Osteoblasts
- B. Osteocytes
- C. Osteoclasts
- D. Bone, Cartilage and Connective Tissue Matrix
- E. Growth Factors, Cytokines, Immunomodulators
- F. Calcitropic and Phosphotropic Hormones and Mineral Metabolism
- G. Steroid Hormones and Receptors
- H. Disorders of Bone and Mineral Metabolism (genetic, basic, and translational)
- I. Cancer and Bone (Basic, Translational and Clinical)

Clinical/Pre-Clinical Categories

- J. Osteoporosis - Assessment
- K. Osteoporosis - Epidemiology
- L. Osteoporosis - Treatment (preclinical)
- M. Osteoporosis - Treatment (clinical)
- N. Osteoporosis - Pathophysiology
- O. Aging and Other Disorders of Bone and Mineral Metabolism
- P. Bone Biomechanics and Quality
- Q. Bone Acquisition and Pediatric Bone Disease

Poster Cluster

ASBMR Annual Meeting posters are numbered and organized according to their poster cluster (or poster topic). This effort is made so posters with similar topics are grouped together and are easy to locate in the Poster Hall. Oral and poster assignments will not be determined until after the Reviewers have completed scoring the abstracts and the 2009 Final Planning Program Committee Meeting in June. Should your abstract be selected for poster presentation, it will be helpful to have a poster cluster already identified for your abstract to help facilitate this process.

Once you have chosen your review categories, you will be prompted to select the most appropriate poster cluster for your abstract based on your first choice review category. (See the complete list below). While your selection is not binding on the Program Committee, the ASBMR appreciates your assistance which will help make the assignments more accurate and the process more efficient.

Poster Clusters (These are not review categories.)

1. A. Osteoblasts: Apoptosis and Cell Cycle
2. A. Osteoblasts: Bone Formation and Bone Resorption
3. A. Osteoblasts: Gene Expression and Transcription Factors
4. A. Osteoblasts: Progenitor and Stromal Cells, Proliferation and Differentiation
5. A. Osteoblasts: Hormonal Regulation and Signal Transduction
6. A. Osteoblasts: Steroid/SERM Effects
7. B. Osteocytes: Regulation of Bone Formation
8. B. Osteocytes: Regulation of Bone Mineralization
9. B. Osteocytes: Regulation of Mineral Ion Homeostasis
10. C. Osteoclasts: Cathepsins and Other Proteinases
11. C. Osteoclasts: Cell Adhesion
12. C. Osteoclasts: Cytokines and Growth Factors
13. C. Osteoclasts: Differentiation
14. C. Osteoclasts: Inhibition of Resorption
15. C. Osteoclasts: Isolation and Lineage
16. C. Osteoclasts: Signal Transduction
17. D. Bone, Cartilage and Connective Tissue Matrix: Analysis Techniques
18. D. Bone, Cartilage and Connective Tissue Matrix: Analysis: Calcification
19. D. Bone, Cartilage and Connective Tissue Matrix: Cartilage and Chondrocytes
20. D. Bone, Cartilage and Connective Tissue Matrix: Gene Identification and Expression
21. D. Bone, Cartilage and Connective Tissue Matrix: General
22. D. Bone, Cartilage and Connective Tissue Matrix: Matrix Proteins

23. D. Bone, Cartilage and Connective Tissue Matrix: Mechanical Stress
24. D. Bone, Cartilage and Connective Tissue Matrix: Proteinases
25. E. Growth Factors and Cytokines: Bone Morphogenetic Proteins
26. E. Growth Factors and Cytokines: Fibroblast Growth Factors
27. E. Growth Factors and Cytokines: General
28. E. Growth Factors and Cytokines: Insulin-like Growth Factors and Binding Proteins
29. E. Growth Factors and Cytokines: Reproductive Hormones Other than Estrogen
30. E. Growth Factors and Cytokines: Transforming Growth Factor
31. F. Calcitropic and Phosphotropic Hormones: Calcitonin and Related Peptides
32. F. Calcitropic and Phosphotropic Hormones: FGF23 and Other Phosphatonins
33. F. Calcitropic and Phosphotropic Hormones: Parathyroid and Parathyroid Hormone-Related Peptide
34. G. Steroid Hormones and Receptors: Calcium-Sensing Receptors
35. G. Steroid Hormones and Receptors: Glucocorticoids
36. G. Steroid Hormones and Receptors: PTH/PTHrP
37. G. Steroid Hormones and Receptors: Sex Steroids
38. G. Steroid Hormones and Receptors: Vitamin D and Its Analogs
39. H. Disorders of Bone (Genetic): Gene Therapy
40. H. Disorders of Bone (Genetic): Genetic Defects in Bone Resorption and/or Formation
41. H. Disorders of Bone (Genetic): General Studies
42. H. Disorders of Bone (Genetic): Linkage and Heritability Studies
43. H. Disorders of Bone (Genetic): Polymorphisms
44. I. Cancer and Bone: Breast and Prostate
45. I. Cancer and Bone: General
46. J. Osteoporosis Assessment: Biochemical Markers
47. J. Osteoporosis Assessment: Bone Mineral Density
48. J. Osteoporosis Assessment: Bone Structure
49. J. Osteoporosis Assessment: Ultrasound
50. K. Osteoporosis Epidemiology: Bone Mineral Density
51. K. Osteoporosis Epidemiology: Diet and Environmental Factors
52. K. Osteoporosis Epidemiology: Fracture Outcome
53. K. Osteoporosis Epidemiology: Lifestyle and Bone (alcohol, tobacco)
54. K. Osteoporosis Epidemiology: Menopause and Gonadal Steroids
55. K. Osteoporosis Epidemiology: Risk Factors
56. L. Osteoporosis Treatment (Pre-Clinical): Anabolic Agents
57. L. Osteoporosis Treatment (Pre-Clinical): Bisphosphonates
58. L. Osteoporosis Treatment (Pre-Clinical): Calcium and Dietary Factors
59. L. Osteoporosis Treatment (Pre-Clinical): Gonadal Steroids and SERMs
60. L. Osteoporosis Treatment (Pre-Clinical): Other Agents
61. L. Osteoporosis Treatment (Pre-Clinical): Vitamin D and Metabolites
62. M. Osteoporosis Treatment (Clinical): Anabolic Agents
63. M. Osteoporosis Treatment (Clinical): Bisphosphonates
64. M. Osteoporosis Treatment (Clinical): Compliance and Persistence
65. M. Osteoporosis Treatment (Clinical): Gonadal Steroids and SERMs
66. M. Osteoporosis Treatment (Clinical): Health Economics
67. M. Osteoporosis Treatment (Clinical): Other Agents
68. M. Osteoporosis Treatment (Clinical): Quality of Life
69. M. Osteoporosis Treatment (Clinical): Vitamin D and Metabolites
70. N. Osteoporosis Pathophysiology: Bone Mineral Density
71. N. Osteoporosis Pathophysiology: Bone Remodeling
72. N. Osteoporosis Pathophysiology: Bone Structure
73. N. Osteoporosis Pathophysiology: Dietary Factors
74. N. Osteoporosis Pathophysiology: Glucocorticoids
75. N. Osteoporosis Pathophysiology: Gonadal Steroids
76. N. Osteoporosis Pathophysiology: Male Osteoporosis
77. N. Osteoporosis Pathophysiology: Miscellaneous
78. O. Aging and Other Disorders of Mineral Metabolism: Congenital and Genetic Bone Diseases
79. O. Aging and Other Disorders of Mineral Metabolism: Hypercalcemia of Malignancy
80. O. Aging and Other Disorders of Mineral Metabolism: Idiopathic Hypercalciuria, Nephrolithiasis
81. O. Aging and Other Disorders of Mineral Metabolism: Osteomalacia/Rickets
82. O. Aging and Other Disorders of Mineral Metabolism: Paget's Disease
83. O. Aging and Other Disorders of Mineral Metabolism: Parathyroid Diseases
84. O. Aging and Other Disorders of Mineral Metabolism: Renal Bone Disease

85. O. Aging and Other Disorders of Mineral Metabolism: Rheumatologic and Other Systemic Illnesses
86. O. Aging and Other Disorders of Mineral Metabolism: Transplantation
87. P. Bone Biomechanics and Quality: Assessment of Bone Quality and Strength
88. P. Bone Biomechanics and Quality: Changes in Bone Quality in Untreated and Treated Osteoporosis
89. P. Bone Biomechanics and Quality: Disuse Osteoporosis
90. P. Bone Biomechanics and Quality: Mechanical Loading Cellular and Molecular Effects
91. P. Bone Biomechanics and Quality: Mechanical Loading Effects in Humans and Intact Animals
92. Q. Bone Acquisition and Pediatric Bone Disease: Assessment of Pediatric Bone Disease
93. Q. Bone Acquisition and Pediatric Bone Disease: Bone Acquisition
94. Q. Bone Acquisition and Pediatric Bone Disease: Bone Loss
95. Q. Bone Acquisition and Pediatric Bone Disease: Pathophysiology of Pediatric Bone Disease
96. Q. Bone Acquisition and Pediatric Bone Disease: Treatment of Pediatric Bone Disease

Awards

Please indicate award eligibility on your abstract submission by checking the appropriate box. Only first and presenting authors will be considered for the Young Investigator and President Awards.

ASBMR Young Investigator Awards

These awards recognize young investigators who submit top-ranking abstracts to the ASBMR Annual Meeting. Award recipients will receive a \$1,000 honorarium and a plaque. The ASBMR expects that \$500 of the honorarium will be used to help offset travel expenses to the ASBMR Annual Meeting. The other \$500 may be used by the recipient at his/her discretion. Eligible applicants must:

- Be the first and presenting author of the abstract
- Be a student/trainee or within five years of completion of a Ph.D., M.D., residency training or equivalent*
- NOT be a past recipient of an ASBMR Young Investigator Award

*The five years of eligibility are defined to extend from the end of the calendar year of the date of graduation or, if applicable, of completion of residency training or clinical subspecialty fellowship training, to the submission deadline date. Clinical subspecialty fellowship training is considered to end no later than the point at which the individual becomes board eligible. To petition for an extension of eligibility, please contact the ASBMR prior to the abstract submission deadline, Tuesday, April 14, 2009.

If the presenting author is eligible for this award, click on the box beneath the award description verifying eligibility for the award.

The ASBMR President's Award

This award is given to the highest ranking abstract submitted by a student. The award includes a \$1,500 honorarium and a plaque. This award is presented at the President's Award Reception during the ASBMR 31st Annual Meeting. One award will be given this year. Students are eligible for Young Investigator Awards, but can only receive one award.

If the presenting author is eligible for this award, click on the box beneath the award description verifying eligibility for the award.

STEP 2: SCIENTIFIC INFORMATION

Abstract Body

1. If you are submitting more than one abstract, they may NOT overlap significantly in content.
2. Your abstract may have up to 2500 characters (including spaces). This does not include the title, authors or attachments.
3. Do NOT include your title, author information and affiliation(s), sponsor, or category within your abstract text. Enter ONLY your abstract text.
4. Do NOT mention support of work by a research grant within the body of the abstract.
5. Do NOT underline, bold, or use capitals for emphasis in the abstract text.
6. Single space all text. Do NOT place blank lines between paragraphs.

7. Do NOT place hard returns at the end of each line; use hard returns only to start a new paragraph.
8. To enter abstract text, you can begin typing or paste your text from Microsoft Word or another application. If you choose to paste your text from a word processing application, please review the document to ensure the style and format is correct. **No corrections will be accepted after the abstract submission deadline of Tuesday, April 14, 5:00 pm, Eastern Daylight Time.**

Organization and Content

Organize the body of the abstract as follows:

- State the *purpose* of the study.
- Describe the *methods* used.
- Summarize the *results* presented in sufficient detail to support the conclusions.
- State the *conclusions* reached. (It is not satisfactory to state, “The results will be discussed” or “Other data will be presented.”)

Standard abbreviations are required and are available for reference in the following citations:

1. Instructions to Authors, J.Biol.Chem. 252:10, 1977.
2. StyleBook: Manual of Style, American Medical Association, 9th Edition, Baltimore, 1998.

Acceptable abbreviations may be used without definition. Some standard abbreviations may be unfamiliar to large numbers of readers; at the author’s discretion, these may also be defined. Abbreviations not listed in the cited references above must be defined by placing them in parentheses after the full word the first time they appear. **Excessive use of other than standard abbreviations may jeopardize evaluation of the abstract for scientific merit.** Use numerals to indicate numerals except when they begin sentences.

Nonproprietary (generic) names not capitalized are required the first time a drug is mentioned. Proprietary names are always capitalized, e.g., acetazolamide (Diamox).

Keywords

Please enter a comma separated list of key terms that apply to your abstract.

Attachments

Please upload all tables and graphics as attachments. Graphics are accepted in .jpg, .gif, or .png formats. Please ensure that your graphic is in an acceptable format. Please remove extraneous white space surrounding the graphic by cropping it prior to submitting your abstract. We recommend that your table be no larger than 5 columns by 8 rows. The recommended graphic size to optimize resolution is 2 inches wide by 3 inches tall and 300 DPI. **Remember:** When the abstract is reduced to fit in a column in the *Abstracts* book, the tables and graphics must be legible.

Tables and graphics will be placed at the end of the abstract. Please be sure to label your attachments as you would want them to appear in the *Abstracts* book.

Incomplete abstracts will not be reviewed.

STEP 3: AUTHORS

You must identify at least one author for your abstract. To begin, click the “Add Author” link. You can search for the author by using the first name, last name and/or email address. If your search does not return any results, please click the “Add a new person manually” link. **PLEASE NOTE:** The order of authors can be changed by clicking on the area to the right of the author name where the cursor becomes a crossed arrow (↔) and dragging and dropping the name into your preferred sequence.

Presenting Authors must be fluent in English and able to answer questions. If none of the authors are fluent in English, you must check the “Poster Only” option within the “Additional Information” section of the abstract submission system. The presenting author will be the main contact for this abstract. Please make sure all contact information is up to

date. It is expected that the individual identified as the Presenting Author at the time of submission will present the abstract at the Meeting. Presenting Author changes should be made only due to special circumstances or unavoidable schedule conflicts that arise after the submission deadline which will preclude the participation of the individual initially identified for this role. If the Presenting/Contact Author's address or other contact information changes between abstract submission and the time of the meeting, it is that author's responsibility to update the contact information within the online submission program.

Disputes

ASBMR will not adjudicate a dispute between abstract presenters.

ASBMR's Expectations of Authors and Presenters

Through ASBMR meetings, the Society promotes excellence in bone and mineral research. Toward that end, ASBMR expects that all authors and presenters affiliated with the ASBMR Annual Meeting will provide informative and fully accurate content that reflects the highest level of scientific rigor and integrity.

The ASBMR depends upon the honesty of the authors and presenters and relies on their assertions that they have had sufficient full access to the data and are convinced of its reliability.

Furthermore, the ASBMR expects that:

- All authors and presenters (invited and abstracts-based oral and poster presenters) will disclose any conflicts of interest, real or perceived.
- Authors of an abstract describing a study funded by an organization with a proprietary or financial interest must affirm that they had full access to all the data in the study. By so doing, they accept complete responsibility for the integrity of the data and the accuracy of the data analysis.
- The content of abstracts, presentations, slides, and reference materials must remain the ultimate responsibility of the author(s) or faculty.
- The planning, content and execution of abstracts, speaker presentations, slides, abstracts and reference materials should be free from corporate influence, bias, or control.
- All authors and presenters (invited and abstracts-based oral and poster presenters) should give a balanced view of therapeutic options by providing several treatment options, whenever possible, and by always citing the best available evidence.

In addition, ASBMR's meeting evaluations will seek feedback regarding commercial bias.

STEP 4: SPONSOR

Each abstract must be sponsored by a current member of the ASBMR. A member may sponsor only **ONE** abstract; however, you may co-author any number of abstracts. Current members may sponsor their own abstract.

Please Note: Abstracts without sponsorship from a current member will not be reviewed. If you would like to become an ASBMR member and sponsor your own abstract, please email abstracts@asbmr.org and ASBMR staff will contact you regarding this request. Or visit the ASBMR website at www.asbmr.org.

STEP 5: SCHEDULE CONFLICTS

Please use the "Schedule Conflicts" section to indicate any schedule conflicts of which you are already aware that would preclude your presenting your abstract on a certain day(s) or at a specific time of the meeting (April 27-28, 2009). Leave this section blank if you have no schedule conflicts. Please be aware that the ASBMR will **NOT** make any changes once the abstracts have been assigned to the program.

STEP 6: PREVIEW

Please use this page to review your submission. **NO CHANGES OR CORRECTIONS WILL BE ACCEPTED AFTER THE SUBMISSION DEADLINE (Tuesday, April 14, 2009, at 5:00 pm, Eastern Daylight Time).**

The submitter is responsible for ensuring that all information is entered correctly. Corrections may be made to the abstract using the online submission program until the submission deadline.

STEP 7: ADDITIONAL INFORMATION

Prior Publication and Presentation Policy

Abstracts submitted to the ASBMR Annual Meeting represent recent advances in bone and mineral metabolism, and those abstracts highlighted at the oral program present the most cutting-edge research in the bone and mineral field. Authors should carefully review our prior publication policy, below, to determine if their abstracts are eligible for consideration for the oral program or for poster presentation only.

Abstracts submitted to the ASBMR Annual Meeting are **not** eligible for oral presentation and should be submitted for **Poster Presentation Only** if:

- The manuscript associated with this abstract has received final acceptance for publication on or before Tuesday, April 14, 2009.
- The manuscript associated with this abstract has appeared or will appear *in print format* before Tuesday, April 14, (publication in electronic format only will not preclude oral presentation).

If either of the above criteria applies to an abstract submitted to the ASBMR Annual Meeting, it is the submitting author's responsibility to check the box indicating "Poster Only" under the Preferences section on the Online Submission System.

If, *after* submission to the Meeting, the manuscript is accepted by a journal and scheduled to appear in print publication before Tuesday, April 14, the submitting author must notify the ASBMR Business Office immediately. *Such abstracts may be removed from the oral program.*

Prior Presentation

Wide dissemination of previously presented abstracts **excludes** oral presentation at the ASBMR Annual Meeting. The following guidelines apply to previously presented abstracts:

1. Abstracts presented orally or as a poster at a prior ASBMR Meeting may not be submitted for either poster or oral presentation.
2. Abstracts that have received *wide exposure* may not be submitted for an oral presentation at the ASBMR Annual Meeting and should be marked "Poster Only" under the Preferences section on the Submission Site.

Examples of *wide exposure* include presentation (poster or oral) at major U.S. national, and other national and international meetings.

Examples of meetings at which abstracts have been presented that would **not** exclude oral presentation at the ASBMR Annual Meeting include focused workshops and symposia such as: Gordon Conferences, Advances in Mineral Metabolism, ASBMR Topical Meetings and Keystone Symposia.

If you have previously presented the material in your abstract at another meeting and aren't sure about its eligibility for oral presentation at the ASBMR Annual Meeting, please mark "Poster Only" or contact ASBMR (abstracts@asbmr.org) for advice before submitting the abstract.

IRB Disclosure

It is the author's responsibility to assure that all clinical investigations detailed in abstracts are conducted in accordance with the Declaration of Helsinki. Authors must also document that these studies have been approved by the appropriate institutional human research committee. Identifying information for study participants should not be published within written descriptions, photographs or pedigrees or test results. *If such information is included as essential scientific information, the authors must submit written consent of patient or guardian to publish such information in the proceedings of this meeting.*

Animal Care and Use Disclosure

It is the author's responsibility to assure that their experimental procedures are in compliance with the guiding principles in the "Care and Use of Animals" published each month in the Information for Authors in the *American Journal of Physiology* or available online at <http://www.the-aps.org/publications/journals/guide.htm>. Authors must document that their studies were approved by the appropriate institutional animal care and oversight committee and have available documentation that these studies were approved.

Funding Information

Authors of an abstract describing a study funded by an organization with a proprietary or financial interest must identify the organization and affirm that they had full access to all the data in the study. By doing so, they accept complete responsibility for the integrity of the data and the accuracy of the data analysis.

Disclosure/Conflict of Interest

The ASBMR is committed to ensuring the balance, independence, objectivity and scientific rigor of all its individually sponsored or industry-supported educational activities. Accordingly, the ASBMR adheres to the requirement set by the Federation of American Societies for Experimental Biology (FASEB) that audiences at FASEB-sponsored educational programs be informed of a presenter's (speaker, faculty, author, or contributor) academic and professional affiliations, and the disclosure of the existence of any significant financial interest or other relationship a presenter has with the manufacturer(s) of any commercial product(s) discussed in an educational presentation. When an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose is discussed during the presentation, it is required that presenters disclose that the product is not labeled for the use under discussion or that the product is still investigational. This policy allows the listener/attendee to be fully knowledgeable in evaluating the information being presented. The *On-Site Program* book will note those speakers who have disclosed relationships, including the nature of the relationship and the associated commercial entity.

Disclosure should include any relationship that may bias one's presentation or which, if known, could give the perception of bias. This includes relevant financial relationships of a spouse or partner. If a relationship exists that could represent or be perceived to represent a conflict of interest, this must be reported in the abstract submission program by listing the name of the commercial entity and selecting the potential conflict(s) by clicking in the box next to the relationship type.

Disclosures will be printed in the program materials. These situations may include, but are not limited to:

1. stock options or bond holdings in a for-profit corporation or self-directed pension plan
2. research grants
3. employment (full or part-time)
4. ownership or partnership
5. consulting fees or other remuneration (payment)
6. non-remunerative positions of influence such as officer, board member, trustee, or public spokesperson
7. receipt of royalties
8. speakers bureau
9. other

STEP 8: SUBMITTAL AND PAYMENT

Abstract Submission Fees

The abstract submission fee is \$55 USD. Payment must accompany each abstract submission. VISA, MASTERCARD, and AMERICAN EXPRESS are accepted for payment of abstract submission fees. Please take care to provide complete and accurate information.

Abstract Receipt Confirmation

The final step in the online submission process generates a confirmation receipt of the submission. Please print this page for your records. An email record of the transaction will be sent to you as well. You can review the confirmation page at any time by viewing the Submittal & Payment section of your abstract.

Please note: ASBMR will not mail a letter of confirmation.

ADDITIONAL ABSTRACT AND PROGRAM INFORMATION

Review Process

The ASBMR is sensitive to issues of commercial confidentiality and relevant aspects of the U.S. Securities and Exchange Commission (SEC) regulations. Therefore, all ASBMR reviewers are required to adhere to the SEC regulations and treat all information as confidential. ASBMR abstract reviewers are instructed that they may be viewed as an "insider" by the SEC due to their knowledge of information included in abstracts, particularly clinical trial abstracts. All ASBMR abstract reviewers are required to adhere to confidentiality agreements, prior to receiving abstracts.

In addition to protecting the confidentiality of any material received, reviewers must record their conflict(s), if any, and abstain from scoring the abstract(s), if any conflict of interest arises.

Abstracts will be peer-reviewed, according to category. All abstracts are entered into the ASBMR Abstracts Database. The information from each abstract is captured within different fields in the Database. To ensure absolute impartiality in the reviewing process, a “blinded” copy of each abstract will be generated for the review process. “Blinded” copies will not include author or institutional field information, but rather the title and body of your abstract only. The abstract reviewers will score abstracts based on the merit of the submission only.

Program Assignment Notification

By mid July, you will receive an e-mail notifying you of your program assignment. It is the responsibility of the presenting author/submitter to notify the other authors of the program assignment. Please note: Program Assignment Letters are e-mailed to the presenting author.

Withdrawal

All requests to withdraw an abstract must be received in writing at the ASBMR Business Office. **Abstracts may not be withdrawn after July 1, 2009**, unless an acceptable explanation is received. An acceptable reason for withdrawal is the inability to reproduce data in the abstract.

Continuing Medical Education (CME)

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Federation of American Societies for Experimental Biology (FASEB) and American Society for Bone and Mineral Research (ASBMR).

The Federation of American Societies for Experimental Biology (FASEB) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Federation designates this educational activity for a maximum of 31 *AMA PRA Category 1 Credits™*.

Please note: CME credit will be offered for the invited speaker sessions and abstracts-based oral sessions only.

CME application forms will be available online after the meeting. FASEB charges \$45 per CME application.

Meeting Objective/Target Audience

At the end of the program, participants should be able to discuss the most current and significant advances in biomedical and clinical research in bone and mineral metabolism, specifically in the areas of cancer and bone, mineral metabolism, genetics, bioengineering, osteoporosis, metabolic bone diseases and therapeutics, better understand the interrelationship among basic research, clinical research and patient care, improve their ability to treat and care for their patients through an enhanced knowledge of osteoporosis, other diseases of bone, basic bone biology and its correlation to mineral metabolism and develop new and enhanced strategies for the diagnosis and treatment of patients with disorders of bone and mineral metabolism.

The program is designed for researchers, physicians, clinicians, and other allied health professionals with interests in endocrinology, physiology, cell biology, pathology, molecular biology, genetics, epidemiology, internal medicine, rheumatology, orthopaedics, dentistry, nephrology, and pharmacology.

Copyright

Abstracts submitted to the ASBMR Annual Meeting are published in the *Abstracts* book. The abstracts are copyrighted by the American Society for Bone and Mineral Research. Reproduction, distribution, or transmission of the abstracts in whole or in part, by electronic, mechanical or other means, or other intended use, is prohibited without the express written permission of the American Society for Bone and Mineral Research.

Disclaimer

All authored abstracts, findings, conclusions, recommendations, or oral presentations are those of the author(s) and/or speaker(s) and do not reflect the views of the American Society for Bone and Mineral Research or imply any endorsement. No responsibility is assumed, and responsibility is hereby disclaimed, by the American Society for Bone and Mineral Research for any injury and/or damage to persons or property as a matter of products' liability, negligence or otherwise, or from any use or operation of methods, products, instructions or ideas presented in the abstracts or at the ASBMR Annual Meeting. Independent verification of diagnosis and drug dosages should be made. Discussions, views and recommendations regarding medical procedures, choice of drugs, and drug dosages are the responsibility of the authors and presenters.

Embargo

The ASBMR is sensitive to issues of commercial confidentiality and relevant aspects of the U.S. Securities and Exchange (SEC) regulations. Therefore, the ASBMR reminds all readers that all must adhere to the SEC regulations and treat all scientific information as confidential until the embargo has been lifted – one hour after the abstract has been presented. Any reader of, or listener to, ASBMR Annual Meeting content may be viewed as an “insider” by the SEC due to knowledge of information included in abstracts, particularly clinical trial abstracts. SEC regulations may call for criminal penalties for using such information.

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