ASBMR 2012 Topical Meeting ■ July 17 – 18, 2012 Westin Kansas City at Crown Center ■ Kansas City, Missouri, USA

Early Registration Deadline: Thursday, June 14, 2012

## Help ASBMR conserve by registering online at www.asbmr.org

Resident/Student/Fellow*   \$100   \$125   Address   Allied Health Professional*   \$199   \$249    *Must complete certification below to qualify.  Pre-Meeting Workshop Monday, July 16   \$85   Please select your first choice and an alternate module in each section.  Country   Telephone   8:00 am - 10:00 am   First Choice   Alternate   Module 1: Bone and Muscle Histology       Module 2: Muscle Functional Testing       Module 3: Isolation of Primary Cells     Module 4: Live Imaging of Bone Cell & ECM Dynamics	<b>Badge &amp; Mailing Information</b> <i>Please clearly PRINT as it should appear on badge.</i>	<b>2012 Meeting Fees</b> Please check appropriate box.		
First Name   Last Name   Last Name   Surrame   More meter   March   March   More meter   More me			On or before	On or after
Institution    State   Provide the Content of Content o	First Name   Last Name   Surname	— Registration Fees	June 14	June 15
Government.   \$139   \$239   \$239   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$230   \$2	riist Name Last Name, Surname	Member ID#	□ \$320	□ \$420
State/Province   Ziny/Prostit Code   State/Province   Ziny/Prostit Code   Pre-Meeting Workshop Monday, July 15   State   Province   State/Province   Ziny/Prostit Code   Pre-Meeting Workshop Monday, July 15   State   Province   State   State   Province   State   State   Province   State   S		Non-Member	□ \$370	□ \$470
Address   State/Province   Zeg/Protat Code   State/Province   Zeg/Protat Code   State/Province   Zeg/Protat Code   Pre-Meeting Workshop Monday, July 15   Sees   Se	Institution	Government	□ \$199	□ \$249
Pre-Mesting Workshop Monday, July 16		Resident/Student/Fellow*	□ \$100	□ \$125
Country Telephone   State   Province   Zing   Prostal Code     Pre-Meeting Workshop Monday, July 15   Space		Allied Health Professional*	□ \$199	□ \$249
Adia   1.00 pm   2.00 pm	Address	*Must complete certification below to qualify.		
Module 1: Brown and Musicle Histology	City State/Province Zip/Postal Code		nch section.	□ \$85
Module 1: Bone and Muscle Histology	Country Telephone	8:00 am – 10:00 am	First Choice	Alternate
Module 3: Invited properties		Module 1: Bone and Muscle Histology		
Module 3: Isolation of Primary Cells   Module 4: Ever imaging of Bone Cell 8 ECM Dynamics   Please remove my information from the attended list.   Special Needs   Module 6: Ex vivo Characterization of Bone   Bonecharical 8 Structural Properties   Module 6: Ex vivo Characterization of Bone   Bonecharical 8 Structural Properties   Module 6: Ex vivo Characterization of Bone   Bonecharical 8 Structural Properties   Module 6: Ex vivo Characterization of Bone   Bonecharical 8 Structural Properties   Module 7: Bone – Musicle Immobilization   Module 8: In Vivo Cell Loading   Module 8: In Vivo Bone Techniques   Module 6: Ex vivo Characterization of Bone   Module 8: In Vivo Cell Loading   Module 8: In Vivo Bone Techniques				
Module 4: Live Imaging of Bone Cell & EKM Dynamics	Email Address	_	П	П
Piess remove my information from the attendee list.		•		
Special Needs  We want to ensure that you enjoy ASBMR* 2012 Topical Meeting. If, due to a disability, you have any special needs, please let us know and we will do our best to assist you.  Module 5: to wore not ensure that you enjoy ASBMR* 2012 Topical Meeting. If, due to a disability, you have any special needs, please let us know and we will do our best to assist you.  Module 7: Shone—Muscle Introbilitation	□ M.D. □ Ph.D. □ M.D., Ph.D. □ Other			
Special Needs   We want to ensure that you enjoy ASBMR's 2012 Topical Meeting. If, due to a disability, you have any special needs, please let us know and we will do our best to assist you.    Notice   Special Needs   Special Needs, please let us know and we will do our best to assist you.   Notice   Special Needs	$\hfill\Box$ Please remove my information from the attendee list.			_
New wornt to ensurer that you enjoy. ASBMRY: 2012 Topical Meeting. If, due to a disability, work have any special needs, please let us know and we will do our best to assist you.    How did you hear about the ASBMR 2012 Topical Meeting? Select all that apply.	Special Needs	Module 5: In vivo Bone Techniques		
Module 7: Bone — Muscle Immobilization	:			
How did you hear about the ASBMR 2012 Topical Meeting? Select all that apply.    Ad in JBMR		Biomechanical & Structural Properties		
1:00 pm - 3:00 pm	you have any special needs, please let us know and we will do our best to assist you.	Module 7: Bone – Muscle Immobilization		
Module 2: Blone and Muscle Histology		Module 8: <i>In Vitro</i> Cell Loading		
Module 2: Blone and Muscle Histology		1:00 pm – 3:00 pm		
How did you hear about the ASBMR 2012 Topical Meeting? Select all that apply:    Ad in JBMR			П	П
Add in JBMR	How did you hear about the ASBMR 2012 Tonical Meeting? Select all that apply			
NNH     Speaker   ASBMR Email   Facebook   Twitter   LinkedIn   Other		**		
Twitter   Linkedin   Other   Linkedin   Other				
ASBMR will hold a dine-around with conference speakers on Tuesday, July 17 for a limited number of participants. Each guest is responsible for the cost of their meal and applicable cab fares. Do you plan to participate in this opportunity for small group discussion with the ASMBR speakers and conference participants?    Yes, I will participate in the Dine-Around and   No, thank you. understand that I am responsible for all meal costs.   Please list any dietary restrictions   Workshop Protocols and DVD   Workshop DVD is included in fee for workshop participants.    Please select your primary research area?   Workshop Protocols and DVD   Workshop DVD is included in fee for workshop participants.    Please select your primary research area?   Total Due   Certification for Students and Allied Health Professionals   Oyou plan to attend the ASBMR 2012 Annual Meeting in Minneapolis, Minnesota October 12th - 15th?   Yes   No   No   No   No   No   No   No   N		Wiodule 4. Live imaging of bothe Cen & ECW Dynamics		Ш
Module 6: Ex vivo Characterization of Bone	2 Unice 2 Unice 2	3:15 pm – 4:45 pm		
applicable cab fares. Do you plan to participate in this opportunity for small group discussion with the ASMBR speakers and conference participants?    Ves., I will participate in the Dine-Around and   No, thank you. understand that I am responsible for all meal costs.    Please list any dietary restrictions   Workshop Protocols and DVD   S35   Workshop PVD is included in fee for workshop participants.    Please select your primary research area?   Workshop Protocols and DVD   S35   Workshop DVD is included in fee for workshop participants.    Do you plan to attend the ASBMR 2012 Annual Meeting in Minneapolis, Minnesota October 12th − 15th?   (name of training mentor) certify that the individual registered above is a Resident/Student/Fellow/Allied Health Professional (circle one) at my institution/company.    Signature   Payment Information Payment must accompany this form for processing.   Payment Information Payment must accompany this form for processing.   Certification for Students and Allied Health Professional (circle one) at my institution/company.   Signature   Payment Information Payment must accompany this form for processing.   Payment Information Payment must accompany this form for processing.   Certification for Students and Allied Health Professional (circle one) at my institution/company.   Signature   Payment Information Payment must accompany this form for processing.   Payment Information Payment must accompany this form for processing.   Check Enclosed Drawn on US Bank and made payable to ASBMR   Credit Card   Visa   MasterCard   AmEx   MasterCard   Visa	ASBMR will hold a dine-around with conference speakers on Tuesday, July 17 for a	Module 5: In vivo Bone Techniques		
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Module 8: In Vitro Cell Loading	applicable cab fares. Do you plan to participate in this opportunity for small group	Biomechanical & Structural Properties		
Module 8: In Vitro Cell Loading	discussion with the ASMBR speakers and conference participants?	Module 7: Bone – Muscle Immobilization		
understand that I am responsible for all meal costs.  Please list any dietary restrictions  Please select your primary research area?    Muscle   Bone   Other		Module 8: In Vitro Cell Loading		
Please slet your primary research area?    Description   D	☐ Yes, I will participate in the Dine-Around and ☐ No, thank you.			
Please select your primary research area?    Muscle	understand that I am responsible for all meal costs.	Workshop Protocols and DVD		□ \$35
Please select your primary research area?    Muscle	Please list any dietary restrictions	Workshop DVD is included in fee for workshop participants	•	
Muscle			Total Due	
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October 12 <sup>th</sup> – 15 <sup>th</sup> ?    Yes	□ Muscie □ Borie □ Otrier	Certification for Students and Allied Health Profes	sionals	
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