



ADVANCE REGISTRATION

Topical Meeting on Bone and Skeletal Muscle Interactions

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

Badge & Mailing Information *Please clearly PRINT as it should appear on badge.*

First Name _____		Last Name/ Surname _____	
Institution _____			
Address _____			
City _____	State/Province _____	Zip/Postal Code _____	
Country _____	Telephone _____		
Email Address _____			
<input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.D., Ph.D. <input type="checkbox"/> Other _____			

☐ Please remove my information from the attendee list.

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.

How did you hear about the ASBMR 2012 Topical Meeting? *Select all that apply.*

- ☐ Ad in JBMR ☐ ASBMR Website ☐ Colleague ☐ Mail Brochure from ASBMR
☐ NIH ☐ Speaker ☐ ASBMR Email ☐ Facebook
☐ Twitter ☐ 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 ASBMR speakers and conference participants?

- ☐ Yes, I will participate in the Dine-Around and understand that I am responsible for all meal costs. ☐ No, thank you.

Please list any dietary restrictions _____

Please select your primary research area?

- ☐ Muscle ☐ Bone ☐ Other _____

Do you plan to attend the ASBMR 2012 Annual Meeting in Minneapolis, Minnesota October 12th – 15th?

- ☐ Yes ☐ No

Cancellation Policy Refunds will be issued if request is received in writing by Thursday, June 14, 2012. All refunds will be processed after the Topical Meeting and will be assessed a \$100 administrative fee. Only current members at the time of registration are eligible for the discounted member registration rates. ASBMR does not refund the difference in registration fees paid by individuals who register as non-members but apply/are accepted as a member of the Society following their registration as a non-member. All sales are final after Thursday, June 14, 2012. Email requests to: registration@asbmr.org

Content Re-Use Policy ASBMR Topical Meeting participants must abide by the Society's policy on re-use of meeting materials, which may be found on the ASBMR web site.

Submitting Registration

Mail
 ASBMR Registration
 Department 3108
 Washington, DC 20042-3108

Fax
 (202) 367-2173

? Questions
 (202) 367-1173
registration@asbmr.org

2012 Meeting Fees *Please check appropriate box.*

Registration Fees

Member ID# _____
 Non-Member
 Government
 Resident/Student/Fellow*
 Allied Health Professional*

*Must complete certification below to qualify.

On or before June 14	On or after June 15
<input type="checkbox"/> \$320	<input type="checkbox"/> \$420
<input type="checkbox"/> \$370	<input type="checkbox"/> \$470
<input type="checkbox"/> \$199	<input type="checkbox"/> \$249
<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
<input type="checkbox"/> \$199	<input type="checkbox"/> \$249

Pre-Meeting Workshop Monday, July 16

Please select your first choice and an alternate module in each section.

☐ \$85

8:00 am – 10:00 am

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

First Choice	Alternate
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

10:15 am – 11:45 am

Module 5: In vivo Bone Techniques
 Module 6: Ex vivo Characterization of Bone
 Biomechanical & Structural Properties
 Module 7: Bone – Muscle Immobilization
 Module 8: *In Vitro* Cell Loading

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1:00 pm – 3:00 pm

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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3:15 pm – 4:45 pm

Module 5: In vivo Bone Techniques
 Module 6: Ex vivo Characterization of Bone
 Biomechanical & Structural Properties
 Module 7: Bone – Muscle Immobilization
 Module 8: *In Vitro* Cell Loading

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Workshop Protocols and DVD

Workshop DVD is included in fee for workshop participants.

☐ \$35

Total Due _____

Certification for Students and Allied Health Professionals

I, _____, (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.*

- ☐ **Check Enclosed** Drawn on US Bank and made payable to ASBMR
☐ **Credit Card** ☐ Visa ☐ MasterCard ☐ AmEx

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____