

CME Program Title: _____

Name of presenter/ moderator/planner: _____

Supporting companies: _____

In keeping with ACCME standards, CME participants must be informed about

CME sponsor organization's and speaker's relationships with companies **supporting this program** (above) and **any other company** whose products or services may be discussed at this program.

For the **12 months** preceding this CME activity, please indicate **the relevant companies** (not dollar amounts) with which you had - or not - the following types of relationships:

1. Companies that have paid you **honoraria** for speaking or moderating educational programs:
If NONE, please check _____.
2. Companies that have **compensated you** for services, e.g., **consultancies**
If NONE, please check _____.
3. Companies in which you hold **common stock** except as part of managed portfolio:
If NONE, please check _____.
4. Companies that have supported your **research**, funded **clinical trials or drug studies** in which you participated. If NONE, please check _____.
6. Will you be discussing any product that is **investigational** or **not labeled for the use** under discussion ?
No ___ Yes ___
7. _____

If "Yes," please sign or initial the line below indicating that you will **inform the audience** that these uses are not approved

Signature: _____

Date: _____

A B S T R A C T F O R M
40th Annual Scientific Meeting of HMAA
40 YEARS: LEARN AND CELEBRATE
October 26- October 31 , 2008
Sarasota, Florida

Deadline: JUN 15, 2008, NO EXCEPTIONS

Format: Microsoft Word document, Font: Arial 12
Fit to adjacent box, 300 word limit

Abstract: Title, Author(s), Institution(s), Address.
Underline the presenting author.

Include: Aim, Methods, Results, Conclusions

Submit: email: ssomkuti@abington-repromed.com

istvan.stadler@viahealth.org

mail to: Istvan Stadler, PhD

HMAA Program Committee Chair

356 Denrose Dr , Amherst, NY 14228

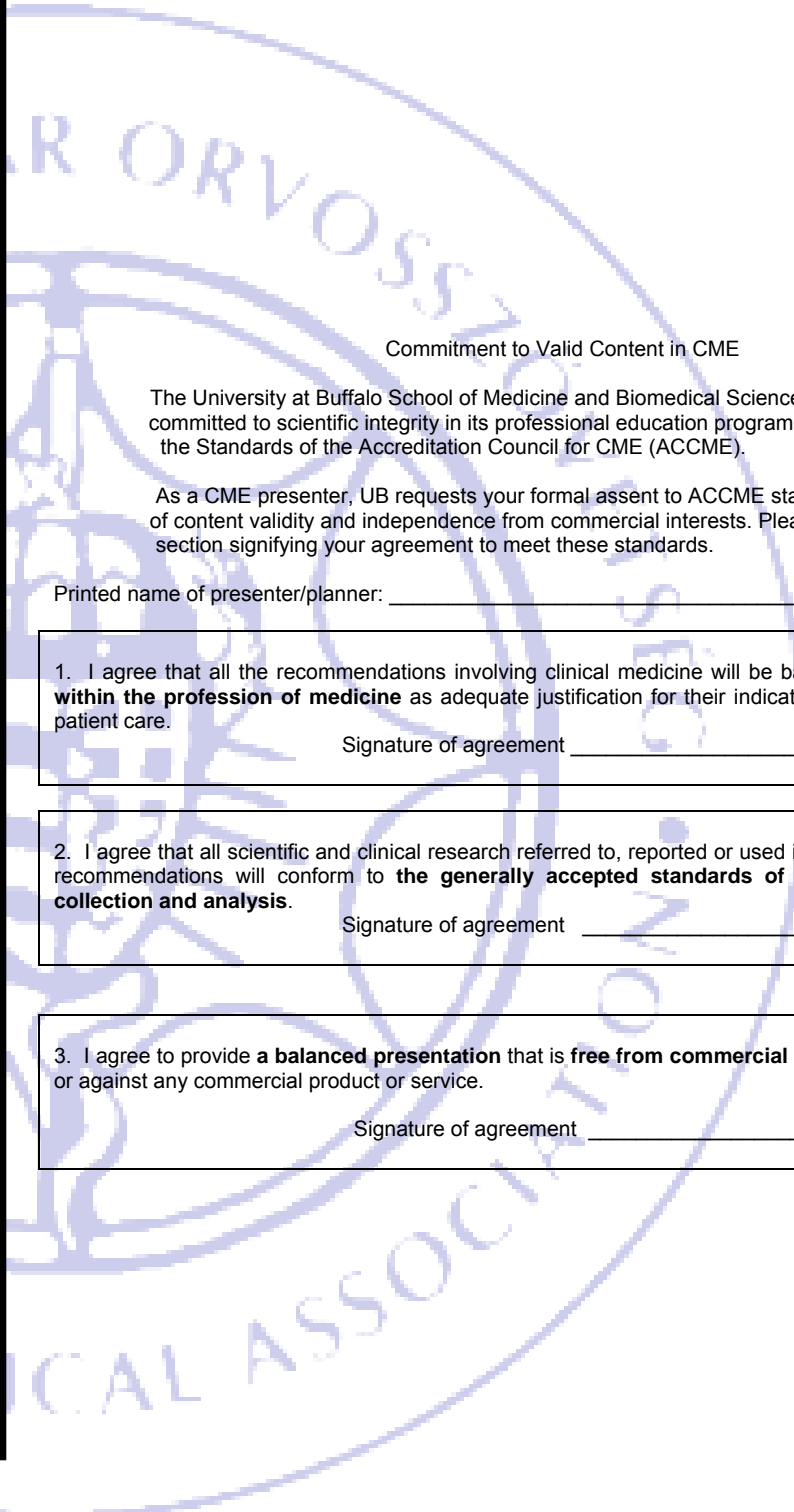
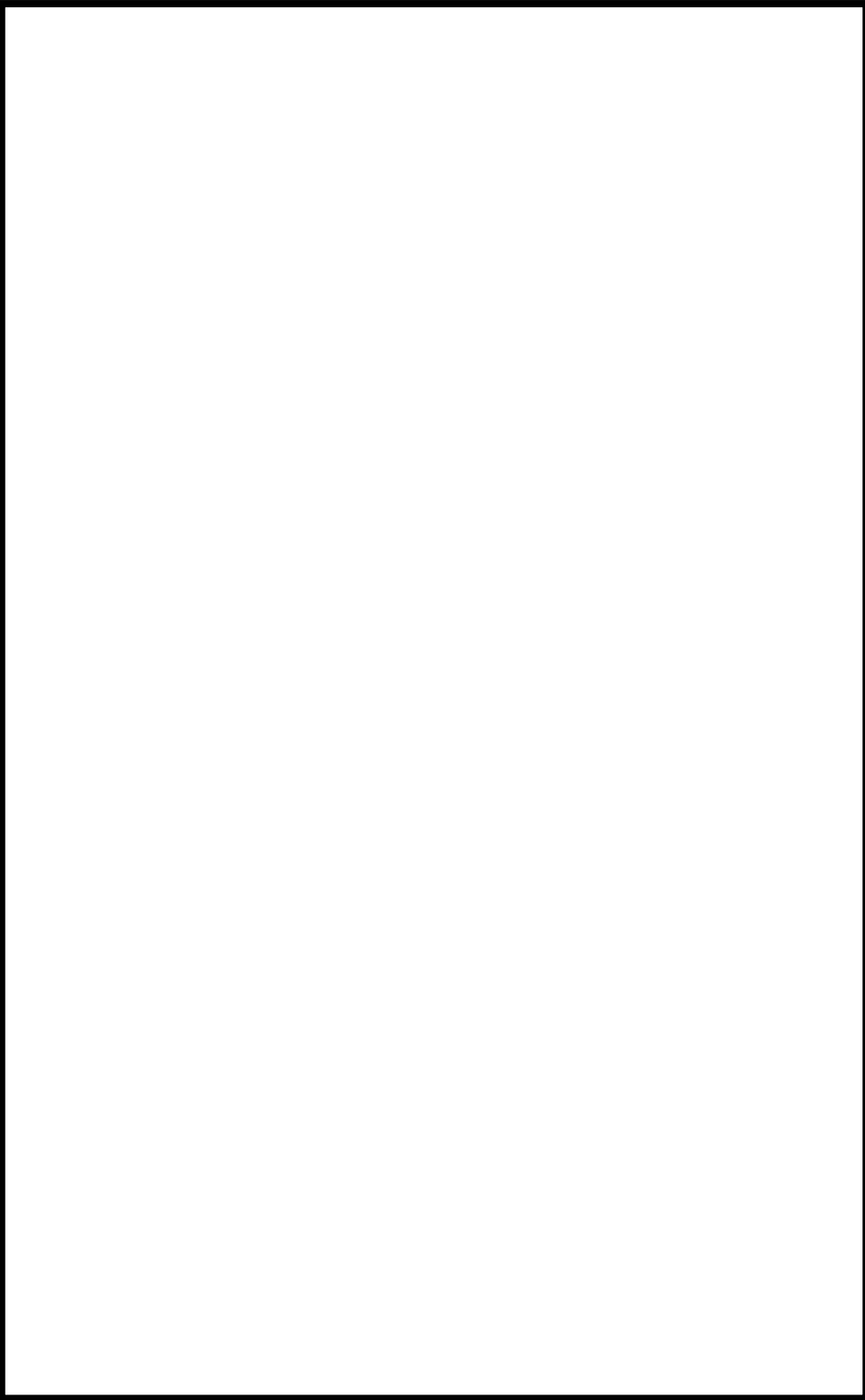
Category: Basic Science Medicine Surgery, OB/Gyn Other

Presentation: Slide/Double projection Video/Computer

Overhead Poster

CME disclosure forms: Please provide the all requested information on enclosed forms any industrial relationships with biomedical , pharmaceutical or medical device companies, also explain if you receive sponsorship, any form of financial support from them. Notify the regulation for obtaining CME credit was changed, and all speakers need to submit the disclosure form. **Your submission will be rejected if you fail to provide the requested information.**

Presenting author: Must sign in box below and provide name, title, affiliation, mailing address and e-mail for the presenting author:



Commitment to Valid Content in CME

The University at Buffalo School of Medicine and Biomedical Sciences (UB) is committed to scientific integrity in its professional education programs in compliance with the Standards of the Accreditation Council for CME (ACCME).

As a CME presenter, UB requests your formal assent to ACCME standards of content validity and independence from commercial interests. Please sign each section signifying your agreement to meet these standards.

Printed name of presenter/planner: _____

1. I agree that all the recommendations involving clinical medicine will be based on **evidence accepted within the profession of medicine** as adequate justification for their indications and contraindications in patient care.
Signature of agreement _____

2. I agree that all scientific and clinical research referred to, reported or used in CME to justify patient care recommendations will conform to **the generally accepted standards of experimental design, data collection and analysis**.
Signature of agreement _____

3. I agree to provide a **balanced presentation** that is **free from commercial bias or financial interest** for or against any commercial product or service.
Signature of agreement _____