

ISCD Vertebral Fracture Assessment Course
Registration and Travel Information
Chicago, IL December 6, 2009

1. Course Location/Hotel Accommodations

Chicago Marriott O'Hare
8535 West Higgins Road
Chicago, IL 60631
773.693.4444

ISCD Room Rate: Single/Double: \$99
Reservation Deadline: November 13, 2009
For information about directions and parking, contact the hotel directly.

2. Registration

Course fee includes course materials which you will receive onsite.

- a. You can register online for a specific course at www.ISCD.org under "Upcoming Courses". **NOTE: The deadline for online registration is 3 days prior to the course.**
- b. You can register via fax or mail by completing and returning the form with payment. Check, Visa, MasterCard and American Express are accepted. The deadline for pre-registration via mail is **November 28, 2009**. Full payment must accompany the registration (U.S. Dollars Only) Registrations are not accepted over the phone.
- c. Have any special physical or dietary needs? Let us know by calling (860) 586-7563 ext 583
NOTE: Additional fee applies for onsite registration. See course fees.

3. Registration Confirmation

Registration confirmation will be emailed 30 days prior to the course. Contact the ISCD office if you have not received written confirmation at least seven (7) days prior to the course date.

4. ISCD Member Benefits

ISCD members save on registrations for all ISCD programs. Join now and register for the VFA Course at the Member rate. Visit our Web site at www.ISCD.org for membership qualifications and benefits. ISCD members receive official ISCD publications - Journal of Clinical Densitometry (optional at some levels), SCAN (quarterly newsletter), an invitation to the ISCD Annual Meeting, and industry updates. The membership year is January 1 to December 31 and dues **are not** prorated. To join simply select your level of membership on the course registration and include the membership fees with your payment.

Special Offer: Join Now and Receive Membership through December 31, 2010

When you join now you will receive complimentary membership for the remainder of 2009 in addition to your 2010 membership (January 1, 2010 – December 31, 2010).

5. Course Changes or Cancellations

ISCD reserves the right to cancel the program, change dates and/or meeting location. Every effort is made to maintain the program as indicated on the schedule. If a program is cancelled all program fees will automatically be refunded unless the registered participant elects to transfer to another program. (See **Transfers** section for specific details and information.) The registered participant will be notified by ISCD based on information from the submitted Registration Form.

6. Travel Cancellations Disclaimer

ISCD does not assume responsibility for registrants' travel or hotel expenses. Travel cancellations are subject to the terms and fees applicable to the agreements made by the registrants directly with the hotel, airline or other party at the time of booking. ISCD recommends that travel arrangements be made no sooner than 30 days prior to the program date.

7. Cancellation/Transfers/Refunds

Cancellations and transfers must be received by ISCD **in writing.**

- Cancellations received 30 days or more before the course are subject to a \$25 cancellation fee. Any cancellation received after the 30-day date is subject to a \$75 fee. No refund will be issued for cancellations received less than six (6) days before the course date. All requests **must** be in writing.
- Transfers to another course must be made at least 14 days before the course and is subject to program availability. All requests **must** be in writing and must include a \$25 administrative fee.
- "No shows" will not receive a refund or be eligible to transfer.

8. Disclaimer

The information and suggestions presented at the courses, seminars and other programs sponsored by ISCD and other collaborating societies are subject to change and therefore should serve only

as a foundation for further investigation and study. Any forms presented at our seminars or programs are samples only and are not necessarily authoritative. All information, procedures and forms contained or used in such seminars or programs should serve only as a guide for use in specific situations.

9. Target Audience

The program is designed for medical professionals including physicians, technologists and other health care professionals, who are currently working in the field of metabolic bone disease and bone densitometry.

10. Prerequisites

It is recommended, but not required, that registrants attend the ISCD Bone Densitometry Course (Clinician or Technologist) prior to attending the VFA course.

11. Course Objectives

After attending the course, participants should be better prepared to:

- Recognize the clinical importance and radiographic diagnosis of vertebral fractures
- Compare x-ray and vertebral fracture assessment (VFA) methods for diagnosing vertebral fractures
- Describe how VFA should be performed, interpreted and reported
- List the indications for VFA testing

12. Accreditation Statement

The International Society for Clinical Densitometry is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to offer continuing medical education for physicians.

13. Credit Designation

The International Society for Clinical Densitometry designates this educational activity for a maximum of 5.0 AMA PRA Category 1 Credit(s)[™]. Physicians

should only claim credits commensurate with the extent of their participation in the activity.

14. Policy on Commercial Support and Conflict of Interest

The ISCD maintains a policy on the use of commercial support, which ensures that all educational activities sponsored by the ISCD provide in-depth presentations that are fair, balanced, independent and scientifically rigorous. All faculty and planners are required to complete a Conflict of Interest form. This information will be made available through syllabus materials.

15. CE Credit

The course qualifies for 6 category A credits through the ASRT. Technologists must sign in and out each day to verify attendance and receive credit. Partial credit will not be given.

16. On-Site Course Registration/Sign In

Date: Sunday – December 6, 2009
Time: 12:30 PM – 1:00 PM

NOTE: Additional fee applies for onsite registration. See course fees.

17. Course Schedule

12:30 PM – 1:00 PM	Registration
1:00 PM – 6:15 PM	VFA Course

Note: Dress in layers of clothing as room temperatures vary for each person

- 18.** The ISCD fully complies with the legal requirements of the Americans with Disabilities Act. If there are any special accommodations you need to participate fully in the ISCD course, list below and contact ISCD at 860-586-7563 ext 583 to discuss those accommodations.

Registration Options

- Online. Register securely at www.ISCD.org under "Upcoming Courses".
- By Mail (check or credit card information required)
- By Fax (credit card information required)

Send the Registration Form and Payment to:

ISCD Education Department
342 North Main Street
West Hartford, CT 06117-2507
Questions? Call 860.586.7563 ext 583



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(Please Print)

Given/First Name: _____ Family/Last Name _____ Degree/Certification (i.e., MD, RT): _____

Specialty (circle one): Endocrinology Rheumatology Internal Medicine Nuclear Medicine Ob/Gyn/Women's Health
 Radiology Family Practice Geriatrics Nephrology Orthopedics Other _____

ISCD Member: Yes No Joining Now First Time Attendee: Yes No AMA Certified: Yes No

Your machine (circle one): Hologic GE Norland Peripheral Unit Other _____

How do you bill for Medicare? (circle one): Non-facility/Office-based Facility/Hospital -based Not applicable Unsure

Where did you hear about this course (circle one)? Colleague E-mail/fax ISCD Web site Mailing Industry Representative
 Journal of Clinical Densitometry SCAN Other _____

Facility/Institution: _____

Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Home Address Business Address

Business Phone: _____ Fax: _____ E-mail: _____

COURSE FEES – CIRCLE APPROPRIATE FEES		
All payments to be made in US\$		
	Member	Nonmember
Clinician/Fellow/Resident/Retired		
Vertebral Fracture Assessment Course	\$275	\$375
Additional Fee for Onsite Registration	\$50	\$50
Technologist		
Vertebral Fracture Assessment Course	\$175	\$225
Additional Fee for Onsite Registration	\$50	\$50

ISCD dues includes a mandatory assessment authorized by the Board of Directors to support the **Patient Access to Care Fund. The monies generated will provide resources and tools to ISCD members to take our public policy message to legislators, regulators and the media.*

Membership Level Options for Technologist (choose one above):

- \$85 – Regular – includes SCAN Newsletter
- \$115 – Upgraded – includes SCAN & JCD Online
- \$130 – Full – includes SCAN, JCD Online & JCD Print Subscription

Membership Level Options for Fellow/Resident and Retired (choose one above):

- \$65 – Regular – includes SCAN Newsletter
- \$95 – Upgraded – includes SCAN & JCD Online
- \$110 – Full – includes SCAN, JCD Online & JCD Print Subscription

ISCD MEMBERSHIP OPTIONS			
Circle appropriate amount & include payment ~ Membership through 12/31/10 <i>Special Offer: Join Now and Receive Membership through December 31, 2010</i> When you join now you will receive complimentary membership for the remainder of 2009 in addition to your 2010 membership (January 1, 2010 – December 31, 2010).			
CLINICIAN includes JCD Online & JCD Print Subscription			\$300 (\$220 dues + \$80 assessment)
TECHNOLOGIST	\$85* (\$65 dues + \$20 assessment)	\$115* (\$95 dues + \$20 assessment)	\$130* (\$110 dues + \$20 assessment)
ASSOCIATE (FELLOW/RES)	\$65	\$95	\$110
RETIRED	\$65	\$95	\$110

Payment:

Check (Payable to ISCD in U.S. dollars drawn on a U.S. bank): Amount enclosed: US\$ _____

Credit Card: MasterCard VISA American Express Amount: US \$ _____

Card Number: _____ Exp. Date: _____

Billing Address of Credit Card Holder: Same as page 1 Other, complete below:

Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Card Holder Name

Signature