

# ABSTRACT FORM



## 9<sup>th</sup> International Congress of the Immunology of Diabetes Society and American Diabetes Association Research Symposium

November 14-18, 2007

Loews Miami Beach Hotel, Miami Beach, Florida

**Submission Deadline: July 2, 2007**

MAILING ADDRESS OF PRESENTING AUTHOR (please type)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### **GUIDELINES**

1. Email your abstract to Shirley Ash at [sash@diabetes.org](mailto:sash@diabetes.org) no later than July 2, 2007.
2. Submit this form and a paper copy of your abstract and completed **disclosure form(s)** to: American Diabetes Association, ATTN: Shirley Ash, 1701 N. Beauregard Street, Alexandria, VA 22311; Fax: 703-253-4358. This step should be done on the same day that you email your abstract to Shirley Ash.
3. Acceptance and presentation of an abstract at this meeting does not preclude its presentation at ADA's 67<sup>th</sup> Scientific Sessions.
4. The **Disclosure Form** must be completed for each submission and **by each author**.
5. ABSTRACT (including title, author's name, figures, tables, graphs, etc.) are limited to **2,325 characters** (as a guide figures usually use 320 characters and tables/graphs depend on the amount of text). Abstract must be submitted as a Word Document.
6. The heading of submitted abstracts should be in the following format: a. Title(s), all letters capitalized; b. Author(s) names(s) preceded by initials or first name(s), with only first letters of first and last name(s) capitalized; c. City and State of origin of work, do not list street address and zip code. Refer to the example below:  
ABDOMINAL OBESITY AND INSULIN RESISTANCE IN NON-DIABETIC MEN. N Abate, A Garg, RM Peshock, J Stray-Gundersen, and SM Grundy, Dallas, TX
7. Only abstracts received **by July 2, 2007**, at ADA's National Office will be considered for presentation at the conference. Accepted abstracts will be presented as poster presentations and appear in the program syllabus. Authors will be notified regarding acceptance of abstracts.
8. Please place an "X" beside the abstract category:  

<input type="checkbox"/> Autoantigens/Autoantibodies	<input type="checkbox"/> Prevention and Intervention
<input type="checkbox"/> Immunoregulation, beta-cell death	<input type="checkbox"/> Islet Cell Biology, regeneration
<input type="checkbox"/> Genetics	<input type="checkbox"/> Transplantation
<input type="checkbox"/> Epidemiology/Environment	
9. The program has also been designed to include both oral and poster presentations. Abstracts selected for oral presentation will be notified by late August 2007.
10. Ten of the abstracts selected for presentation will be awarded \$1,000 USD travel grants. The grants will be awarded to young investigators who: 1) must be presenting authors, and 2) who must be graduate students or postdoctoral fellows. Only one grant will be awarded to a laboratory. A letter of support from the young investigator's mentor must be submitted with the abstract in order to be considered for a grant. If selected you will also receive a complimentary registration; however, you will be responsible for hotel cost.
11. Questions should be directed to Shirley Ash at 703-549-1500, x2214 or [sash@diabetes.org](mailto:sash@diabetes.org).

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**DISCLOSURE FORM**

The information you provide will ensure the use of complete, accurate, and up-to-date information for the Program, Course Syllabus, and any other meeting materials.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Credential(s) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Poster Title:**

**DISCLOSURE STATEMENT**

As a provider of continuing education credit through the Accreditation Council for Continuing Medical Education, Virginia Nurses Association, Accreditation Council for Pharmacy Education, the American Psychological Association, and the Commission on Dietetic Registration, the American Diabetes Association has made a choice to meet their expectations for our practice of continuing education. Our accreditation is important to us therefore we must ensure balance, independence, objectivity, and scientific rigor in all our educational activities. All planners/presenters participating in a sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation, (2) with any commercial supporters of the activity, and (3) any commercial interests involved in management and treatment of diabetes and its complications. The intent of this disclosure is not to prevent a planner/presenter from being involved in the activity, but rather to provide participants with information on which they can make their own judgments.

ADA has implemented a policy where everyone who is in a position to control the content of an educational activity must disclose all relevant financial relationships with any commercial interest. In addition, should it be determined that a **conflict of interest** exists as a result of a financial relationship you may have, as it pertains to the content of your presentation, you will be contacted and methods to manage the conflict will be discussed with you. In order to do this, please provide us with the following information as soon as possible. This information is necessary in order for us to be able to move to the next steps of planning this continuing education activity. **If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of this continuing education activity.**

\_\_\_\_\_ I will disclose any conflict of interest that might arise during the planning of this activity and proactively rescue myself from any discussions where a potential bias could exist.

Please list below ANY manufacturer(s) or provider(s) involved in **diabetes management and treatment or its complications** with which you, your spouse, or partner have or have had a relationship in the past twelve months and select the nature of the relationship(s) from the list provided (continue on separate page if necessary).

\_\_\_\_\_ I do not have any financial relationship with any commercial interests.

Commercial Interest	Research Support	Employee	Speakers Bureau	Board Member	Advisory Panel	Stock/ Shareholder	Consultant	Other
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Explain "Other" Relationship:

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1. Do you have a financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services discussed in your presentation?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please list the manufacturer(s) or provider(s):

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In my role with this activity, I agree to abide by the following *Content Validation Statements* with regard to any recommendations for clinical care:

- All recommendations involving clinical medicine are based on evidence accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients; **AND/OR**
- All scientific research, referred to or reported, in support or justification of a patient care recommendation conforms to generally accepted standards of experimental design, data collection, and analysis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Disclosure form must be completed by ALL authors and returned to:**

Shirley Ash, American Diabetes Association, 1701 N. Beauregard Street, Alexandria, VA 22311

Phone: 703-549-1500, x2214 ● Fax: 703-253-4358 ● E-mail: [sash@diabetes.org](mailto:sash@diabetes.org)