

Carolinas Chapter/AACE
P.O. Box 27167
Raleigh, NC 27611



carolinas chapter/american association of clinical endocrinologists

2009 Annual Meeting

August 21-23, 2009
Grove Park Inn Resort & Spa
Asheville, NC

This continuing medical education activity is jointly sponsored by the Carolinas Chapter/American Association of Clinical Endocrinologists and the North Carolina Medical Society.

CC/AACE 2009 Annual Meeting

This course is designed for the practicing endocrinologist and will address issues of interest and concern to endocrinologists today. The meeting will also feature an exhibit hall presenting products and services to help the endocrinology practice. The Friday welcome reception will provide an opportunity to renew acquaintances and meet new colleagues. Saturday and Sunday include continental breakfasts and breaks, and Saturday afternoon will feature a golf outing at the Grove Park Inn's course. On Saturday evening, we will have a family-friendly dinner. Preregistration is required for all events. The attire for the meeting and social functions is business casual.

Objectives

At the conclusion of this educational activity participants should be able to:

- Improve patient care with new management strategies related to primary hyperparathyroidism and thyroid cancer
- Increase awareness of treatment with vitamin D and vitamin D analogues in vitamin D deficiency and chronic kidney disease
- Implement strategies to treat patients with the knowledge gained from this conference

Accreditation

This activity has been planned and implemented in accordance with the Essential areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the North Carolina Medical Society (NCMS) and the Carolinas Chapter of the American Association of Clinical Endocrinologists. The NCMS is accredited by the ACCME to provide continuing medical education for physicians.

Credit

The North Carolina Medical Society designates this educational activity for a maximum of **7.5 AMA PRA Category 1 Credit(s)[™]**. Physicians should claim credit commensurate with the extent of their participation in the activity.

Disclosure

The North Carolina Medical Society adheres to ACCME Essential Areas and policies regarding industry support of continuing medical education. Commercial support for the program and faculty relationships within the industry will be disclosed at the activity. Speakers will also state when off-label or experimental use of drugs or devices is incorporated in their presentations.

Location and Accommodations

The 2009 Annual Meeting will be held at the historic Grove Park Inn Resort & Spa in Asheville, North Carolina. "Built for the ages" from granite boulders hewn from Sunset Mountain, the Grove Park Inn opened in 1913 and has become one of the South's most venerable resorts. The Grove Park Inn features a golf course, world-class spa (call ahead for reservations), tennis complex, health club, indoor and outdoor pools, and new shops with mountain artisan crafts and local gourmet gifts. Room rates are \$256 single/double plus taxes. To reserve your accommodations, please use the form in this brochure or call Reservations at (866) 474-1989. The cut-off date to make reservations is July 24. Don't delay!

Golf Outing

As is the tradition, arrangements have been made for golf on Saturday afternoon. The Grove Park Inn's par-70 course is designed by Donald Ross, and was named by Golf Digest in 2004 as "one of the ten best courses in the United States that is 100 years old or more." The fee is \$170 including boxed lunch; prizes will be provided.

Children's Program

The CC/AACE encourages family participation. The Grove Park Inn offers full-day, half-day and evening children's programs, supervised by quality staff, for kids ages 3-12. Pre-registration is required; call (828) 252-2711, extension 1046, for more information and to register at least one week in advance.

Registration

Registration fees are located on the meeting registration form in this brochure. Register before July 31 to get the early-bird rate! All fees include continental breakfasts, breaks, and the Friday evening reception. There is a \$25 fee for adults to attend the Saturday evening dinner; children 12 and under may attend free of charge. Pre-registration is required for all events. Please note that refunds of registration fees will not be made after Monday, August 10. Refunds, less \$25, will be made for cancellations received prior to that date. No-shows will be billed.

Americans with Disabilities Act

The CC/AACE and the NCMS are fully committed to the principle of equal educational opportunities for all individuals and do not discriminate on the basis of any characteristics protected by federal or state law. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to participate in this conference, please call Nancy Lowe at the CC/AACE office at (919) 833-3836 no later than ten business days before the date of the activity.

Questions?

Contact Nancy Lowe at the CC/AACE office at (919) 833-3836 or nlowe@ncmedsoc.org.

Program Faculty

John Bilezikian, MD, MACE
Columbia University College of Physicians & Surgeons
Columbia University Medical Center
New York, NY

Daniel Duick, MD, FACP, FACE
President, AACE
Phoenix, AZ

Orlando Gutierrez, MD, MMSc
University of Miami Miller School of Medicine
Miami, FL

Bruce Hollis, PhD
Medical University of South Carolina
Charleston, SC

Carol Scheele, JD
North Carolina Medical Society
Raleigh, NC

CC/AACE Leadership

N. Jack Kramer, MD
President and Program Chair
Charlotte, NC

Elizabeth H. Holt, MD, FACE
Vice-President / President-Elect
Raleigh, NC

Vonda G. Calcutt, MD
Secretary-Treasurer
Walterboro, SC

Sandra L. Weber, MD, FACE
Past President
Greenville, SC

W. Alan Skipper
Executive Director
Raleigh, NC

Schedule / Program

Friday, August 21

4:00pm-6:30pm Meeting Registration
6:30pm-8:00pm Welcome Reception
Dinner on your own

Saturday, August 22

7:00am-12:30pm Registration
7:00am-10:30am Exhibit Hall Open
7:00am-8:00am Continental Breakfast / Visit Exhibits
7:50am-12:30pm Program
7:50am Welcome, *N. Jack Kramer, MD, President and Program Chair*
8:00am Vitamin D, *Bruce Hollis, PhD*
9:00am Primary Hyperparathyroidism, *John Bilezikian, MD, MACE*
10:00am-10:30am Break / Visit Exhibits
10:30am Secondary Hyperparathyroidism and Chronic Kidney Disease,
Orlando Gutierrez, MD, MMSc
11:30am Panel Discussion and Case Presentations, *Drs. Hollis, Bilezikian and Gutierrez*
12:30pm Adjourn
1:10pm Golf Outing (pre-registration required)
6:30pm-9:00pm Reception / Dinner / Entertainment
Families Welcome! (pre-registration required)

Sunday, August 23

7:00am-12:30pm Registration
7:00am-10:30am Exhibit Hall Open
7:00am-8:00am Continental Breakfast / Visit Exhibits
8:00am-12:30pm Program
8:00am Business Meeting, *N. Jack Kramer, MD*
8:30am Thyroid/Parathyroid Ultrasonography & ECNU Certification,
Daniel Duick, MD, FACP, FACE
9:30am Thyroid Cancer, *Daniel Duick, MD, FACP, FACE*
10:00am-10:30am Break / Visit Exhibits
11:00am State of AACE, *Daniel Duick, MD, FACP, FACE*
11:30am Medicare Update: RAC, Reforms, and New Initiatives, *Carol Scheele, JD*
12:30pm Adjourn

MEETING REGISTRATION FORM

CC/AACE 2009 Annual Meeting
August 21-23, 2009
Grove Park Inn Resort & Spa
Asheville, North Carolina

I. PERSONAL INFORMATION (PLEASE PRINT)

Complete this registration form (one per person) and return by fax or mail with payment due.

Name: _____ Degree(s): _____

Practice Name: _____

First Name for Badge: _____ Last 4 Digits of SSN: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Spouse/Guest Name, if attending: _____

Spouse/Guest Badge Name: _____

Child(ren) Name(s) and Age(s), if attending: _____

Emergency Contact: (Name) _____ (Phone) _____

Dietary Restrictions: _____

Special Needs: _____

2. REGISTRATION FEES (2009 DUES MUST BE CURRENT TO QUALIFY FOR MEMBER RATE)

Please check one	Prior to 7/31	After 7/31
<input type="checkbox"/> Member Physician	\$125.....	\$175
<input type="checkbox"/> Non-member Physician	\$200.....	\$250
<input type="checkbox"/> Resident/Fellow/Medical Student	\$25.....	\$25
<input type="checkbox"/> Allied Health Professional	\$100.....	\$150

3. SOCIAL ACTIVITIES (PLEASE INDICATE NUMBER ATTENDING)

Friday Reception - adults @ n/c / children under 12 @ n/c

Saturday Golf Outing @ \$170 per person (includes box lunch)

Saturday Dinner - adults @ \$35 per person / children under 12 @ n/c

4. TOTAL FEES (Total of sections 2 and 3) (No refunds after August 10)

Enclosed is check # _____ for \$ _____ payable to CC/AACE.

Complete and return this form with payment by August 10 to:

CC/AACE
P.O. Box 27167
Raleigh, NC 27611
FAX: (919) 833-2023



RESERVATION REQUEST FORM

Carolinas Chapter/American Assn. of Clinical Endocrinologists

Note: GROUP RUN-OF-HOUSE RATES HAVE BEEN NEGOTIATED. HOWEVER, WE CANNOT GUARANTEE BED-TYPE, SLEEPING ROOM LOCATION OR VIEW. **** We have limited smoking rooms available and would like to advise you that a cleaning charge will be added for smoking in a non smoking room.**

Conference Dates	Thu, 8/20/09 - Sun, 8/23/09	Rates:	Single	\$256.00
			Double	\$256.00
			Extra Person	\$ 40.00

Inquire about rates for upgraded room features

All Rates European Plan, no meals included. Subject to state and local taxes

Please Type or Print all information neatly.

Name: _____

Address: _____ Phone No: (____) _____

City: _____ State: _____ Zip: _____

Email address: _____

Please reserve: # of rooms _____ # of adults _____ # of children under 16 _____

Arrival Date: _____ Departure Date: _____

ONLINE BOOKING:

www.groveparkinn.com and enter the group number **6883HR**.

RELEASE DATE FOR THE GROUP BLOCK: Saturday, July 24, 2009

Reservation requests received by The Grove Park Inn Resort & Spa after this date are subject to resort availability at prevailing rates. Reservation requests are subject to contracted block availability prior to release date.

DEPOSIT - CONFIRMATION

A deposit equal to one night's sleeping room rate by a major credit card (listed below) or a check is required to confirm your reservation. You should receive a written or email confirmation within 2 weeks. If you do not receive confirmation please call 1- 800 - 438 - 5800.

Reservations cancelled less than 7 (seven) days prior to arrival date will be charged a fee equal to the first night's room rate.

CHECK-IN/CHECK-OUT

Our check-in time is after 4 p.m. and our check-out time is before 11:00 a.m.

Visa/MasterCard/Discover/Am Express #: _____ Exp Date: _____

Signature _____

Date _____

Credit Card ID# _____

PLEASE READ CAREFULLY and send this completed form along with deposit or credit card number per room to:

The Grove Park Inn Resort & Spa
Reservations Department
290 Macon Avenue
Asheville, NC 28804
(828) 252-2711 Ext. 1010 or 1-800-438-5800
Fax Number (828) 210-8314

6883HR/SL