

Call for Abstracts

Scientific and Clinical Case

ACSM'S 57TH ANNUAL MEETING AND
WORLD CONGRESS ON EXERCISE IS MEDICINE™



World Congress on
Exercise
is Medicine™

June 1-3, 2010
Baltimore, Maryland
USA



ACSM
Annual
Meeting

June 2-5, 2010
Baltimore, Maryland
USA



SUBMISSION DEADLINE: **NOVEMBER 2, 2009**



AMERICAN COLLEGE
of SPORTS MEDICINE
LEADING THE WAY



Dear Colleague:
It is my pleasure to enclose the abstract and clinical case information for ACSM's 57th Annual Meeting and World Congress on Exercise is Medicine™. Now is an excellent time to mark your calendar with the due date of **Monday, November 2, 2009**.

Free Communications, presented in slide and poster format, provide the major vehicle for "new" information exchange at these meetings.

I strongly encourage members and Fellows of the College — beginning investigators and established investigators alike — to submit abstracts of their work for consideration at these meetings.

Physicians are also invited to submit abstracts to present in clinical case sessions.

Further details on how to submit are enclosed on the following pages.

On behalf of the 2010 Program Committee, we look forward to receiving your abstract submission. Thank you in advance for your commitment to the excellence of next year's meeting.

Sincerely,

Thomas M. Best, M.D., Ph.D., FACS
2010 Program Committee Chair
President-elect

ACSM's 57th Annual Meeting and World Congress on Exercise is Medicine™ will cover many disciplines and include integrative tracks that provide CEC and CME opportunities. Take advantage of up to 25 simultaneous sessions and network with other distinguished experts.

Abstracts accepted mid-September through November 2, 2009

Visit www.acsm.org/annualmeeting to stay up-to-date



World Congress on
Exercise is Medicine™
In conjunction with ACSM's 57th Annual Meeting
June 2-5, 2010

June 1-3, 2010 • Baltimore, Maryland

MEETING HIGHLIGHTS:

- International showcase of various Exercise is Medicine™ initiatives
- Knowledge exchange and break-out sessions with international representatives
- Highlighted sessions and scientific abstracts on research, practice and policy
- Dynamic Keynote Speakers
- Opening and Closing Ceremonies

ONE REGISTRATION... TWO MEETINGS!

Registration for ACSM's 57th Annual Meeting allows you to attend all sessions at the World Congress on Exercise is Medicine™

The World's Prescription for Health

The World Congress on Exercise is Medicine will be a unique international forum that will address the science, practice, and policy aspects of the impact physical activity has on disease prevention and health promotion.

Attendees of the World Congress will gain valuable resources and recommendations on how to implement various Exercise is Medicine initiatives in their respective countries and communities.

Mark your calendars and plan to attend this historic event!

www.exerciseismedicine.org/worldcongress.htm

ACSM in Baltimore...

Experience the wealth of distinguished experts presenting first-rate basic and applied science, current public health issues, and clinical sports medicine sessions!

- Featured Science Sessions and Highlighted Symposia showcasing basic and applied science in selected, topical areas featuring national and international experts
 - International sessions on Exercise is Medicine™
 - Clinical lectures and hands-on workshops
 - Integrative sessions spanning from bench to bedside
 - Classic events and lectures created for students
 - 25+ concurrent sessions offered in various formats including free communication slide, poster, and clinical case sessions
 - CME and CE credits
 - Opportunity to reconnect with friends and colleagues at all conference social events, Regional Chapter events, and college and university reunions
 - State-of-the-art exhibit hall featuring emerging products and programs servicing the sports medicine and exercise sciences
 - Career Services Center
- ...and more!

Find Your Experience

Home to the 57th Annual Meeting and World Congress on Exercise is Medicine™, Baltimore has plenty to offer. Whether you want to extend your trip and do some sightseeing, or are just looking for a place for dinner during the meeting, Baltimore has it all.

- Explore the Inner Harbor area's shops, restaurants and attractions, including the National Aquarium.
- Catch a Baltimore Orioles baseball game at Camden Yards, across the street from ACSM's headquarter hotel.
- Take a water taxi to Fort McHenry, the place that inspired Francis Scott Key to write the National Anthem, and learn about Baltimore's history.
- Visit Power Plant Live!, a dining and entertainment complex.
- Walk to the top of Federal Hill, one of Baltimore's many unique neighborhoods, for a great view of the city.

Important Annual Meeting Dates and Deadlines 2009

September	Online Registration Available
October	Annual Meeting Preview Available
November 2	Scientific and Clinical Case Abstract Deadline

2010

February	Abstract Submitters Receive Accept/Reject Notification
March	Annual Meeting Advance Program Available
June 1-3	World Congress on Exercise is Medicine™, Baltimore, Maryland
June 2-5	ACSM's 57th Annual Meeting, Baltimore, Maryland
June 21	2011 Annual Meeting Proposals Due

Need More Information?

- For updates, more information, and early registration opportunities, log on to www.acsm.org/annualmeeting, call (317) 637-9200, ext. 141 or e-mail meeting@acsm.org.
- For technical support during your online submission, support@abstractsonline.com.
- For general inquiries, contact ACSM at (317) 637-9200, ext. 116 or lcooper@acsm.org.

2010 Annual Meeting Registration Information

Registration fees and form are available now at www.acsm.org/annualmeeting. For immediate registration and best service, register online at www.acsm.org. A receipt and confirmation will be e-mailed to you. **Pre-registration ends April 29, 2010.** Thereafter, registrations will be accepted/processed on-site.

International Registrants

As of January 12, 2009, a valid ESTA approval is required for all visitors traveling to the United States from Visa Waiver Program (VWP) countries (*e.g.*, most countries in Europe, Japan, Australia, etc.) The U.S. Department of Homeland Security, Electronic System for Travel Authorization (ESTA) is a free, automated system used to determine the eligibility of visitors to travel to the United States under the VWP. It collects the same information as the paper 1-94W form that VWP travelers fill out en route to the United States. ESTA applications may be submitted at any time prior to travel. An ESTA authorization generally will be valid for up to two years. Authorizations will be valid for multiple entries into the United States. DHS recommends that travelers submit an ESTA application as soon as they begin making travel plans. To obtain an application, please visit the following website: http://cbp.gov/xp/cgov/travel/id_visa/esta/

FASEB MARC Travel Awards

ACSM/FASEB Minority Access to Research Careers (MARC) Travel Awards are meant to promote the entry of underrepresented minority students, postdoctorates and scientists into the mainstream of the basic science community and to encourage the participation of young scientists at the Annual Meeting. Awards are granted to abstract slide or poster presenters and faculty mentors paired with the students/trainees they mentor. Application details will be available in 2010 by visiting www.faseb.org.

Rules for Submission

1. Each person is permitted to submit and be first author on one scientific and one clinical case abstract for the Annual Meeting, and one scientific abstract for the World Congress on Exercise is Medicine™. You may co-author as many other abstracts as desired. If a person submits, as first author, on more than one abstract per meeting, only one abstract will be accepted; all others will be rejected. If submitting an abstract for both the Annual Meeting and World Congress on Exercise is Medicine™, each submission must be two different abstracts/studies.
2. The first named author must present the abstract. To ensure proper citation in *Medicine & Science in Sports & Exercise*® (MSSE®) author index, list your name consistently throughout all abstracts on which you appear as an author.
3. All authors must approve the submitted abstract.
4. All Fellows of the College who author or co-author a submitted abstract, also accept responsibility as a sponsor for that abstract, as described in Rule 5, below.
5. Abstracts can be recommended for acceptance by having a Fellow of the College attest to the scientific, medical, or educational merit of the work. Abstracts received without Fellow endorsement will undergo formal review. A Fellow may sponsor as many abstracts as desired. The final acceptance decision is the exclusive right of the Program Committee. This may include a formal review even though an ACSM Fellow is an author or sponsor. Fellow endorsement does not automatically imply acceptance.
6. The primary focus and substance of the submitted abstract/case must be novel. The abstract must not have been published as an abstract or as a full paper in a scientific, medical, or professional publication at the time of submission. Abstract data may not be presented prior to the Annual Meeting. The only exception to this policy concerns abstracts presented at an ACSM Regional Chapter meeting.
7. Human studies must comply with the ACSM statement regarding the use of human subjects and informed consent. (MSSE®, Vol. 30, No. 7, July 1998, "Policy Statement Regarding the Use of Human Subjects and Informed Consent.") Animal studies must comply with the NIH guidelines regarding the use of animals. To access the policy, go to www.acsm-msse.org. On the upper right hand side, under "Information for Authors", click on "Journal Info." In the second paragraph, click on the "Instructions and Guidelines" link. Scroll down to "Human & Animal Experimentation Policy Statements."
8. To ensure consistency and clarity, it is directed that authors use the terms as defined by MSSE®, "Information for Authors," while utilizing the units of measurement of the Systeme International de l'Unite (SI).
9. Senior researchers and clinicians may be affiliated with or have financial interest in commercial entities that may have a bearing on the subject matter of an abstract/case presentation. The prospective audience must be made aware of the affiliation/financial interest by an acknowledgment in the final program. The intent of this policy is not to prevent a speaker from making a presentation, but to identify any affiliation so that the listeners may form their own judgments about the presentation. If the disclosure should be noted, please check the appropriate box on the electronic form so that it may be noted in the final program. A notation in this box will not affect whether an abstract is accepted for presentation at the meeting.
10. Abstract submission fee: \$25. A nonrefundable fee must accompany each abstract submitted. Do not submit the same abstract more than once. Abstract fees will not be refunded for duplicate submissions.
11. Abstract submissions are only being accepted electronically and must be submitted no later than 11:59 pm. (Pacific time zone) November 2, 2009.
- 12. Abstract/case presenters must pay the registration fee for the ACSM's 57th Annual Meeting and World Congress on Exercise is Medicine™. Do not submit an abstract or a clinical case if your attendance at the meeting is questionable.**
13. Speakers who fail to provide notice of a reason acceptable to the Program Committee for not delivering an accepted paper will be prohibited from presenting at future Annual Meetings. A written notification should be e-mailed to Lindsay Cooper at lcooper@acsm.org.

General Information

Notification of Programming

You will be notified electronically of the acceptance/rejection of your abstract/case in February 2010. This notification will include the date and time of session/presentation as well as type of presentation if accepted.

If you do not receive your notification by the end of February, you should contact the ACSM Education Department in early March.

Accessing the Abstract Submission Site

To access the submission site, you should visit the ACSM homepage. The Web site address is www.acsm.org. Abstract instructions and online submission form can be linked from the ACSM web site. The submission site will be available beginning mid-September 2009. If you have previously submitted an abstract or session proposal, please use your established login and password. Contact support@abstractsonline.com if you need your login or password. NOTE: The login and password is not the one used to access the www.acsm.org "my ACSM" page.

Withdrawals

You can withdraw your abstract on-line prior to November 2, 2009 by going to the electronic submission site in the "Review My Work" page. Click on the red "X" at the bottom of this page. After that date, withdrawals must be made in writing. Forward a letter stating the reason for withdrawal to lcooper@acsm.org, mail to ACSM, P.O. Box 1440, Indianapolis, IN 46206-1440, Attn.: Lindsay Cooper, or Fax: (317) 634-7817.

SCIENTIFIC ABSTRACT SUBMISSION INFORMATION**Preparing the Abstract**

Accepted abstracts will be published in the May supplement issue of *MSSE*[®], and limited to 2,000 characters (not including spaces, title, or author block). If including table, chart, or graph, your text character count will be limited to accommodate your graphic.

Do not use brand names in the abstract.

Indicate grant funding information at the bottom of the abstract.

Title: The title should be brief (limit to 15 words).

Authors: The first and last names of the authors will be included in the author block. Do not include degrees, as this affects online search functions.

Institutions: Institutions of all authors will be included. Do not include departments.

Sponsored Fellow Notation: If a Fellow sponsors without authoring or co-authoring the abstract, you will need to provide the Fellow's name in your on-line submission.

Text: The abstract must be informative, including a statement of the study's specific PURPOSE, METHODS, summary of RESULTS, and CONCLUSION statement using these headings. It is unsatisfactory to state, "The results will be discussed."

Abstracts of experimental studies must include data to substantiate the conclusions being drawn. It is not satisfactory to simply describe what was found verbally in general terms. The lack of inclusion of experimental data may result in the abstract being rejected.

The abstract must be written in English.

See the sample on page 6.

The Program Committee will determine the method of presentation, which is based on submitter's preference. Submitters will be given the presentation options of slide preferred, poster preferred, or indifferent. **Abstracts submitted in the Exercise is Medicine™ category will only be presented in a poster format.** Due to the tremendous growth in the size of the program, the majority of the presentations will be organized into poster format.

Slide Sessions

Presentation of the scientific papers in a slide session will be limited to 10 minutes, followed by a 5-minute discussion period. Time limits will be strictly enforced.

Poster Sessions

Scientific poster sessions will be one of two types:

Poster: Poster sessions are presented in two parts. During the first part, the poster is available for viewing by the attendees. During the second part, the author must be present to answer any questions.

Thematic poster: Thematic poster sessions are presented in two parts. During the first part, the poster is available for viewing by attendees. During the second part, the poster is discussed during a moderator-led session.

Abstract Category

Abstract review and program fit is largely determined by the category you select. Select the category that represents the intended focus of your abstract. These categories are listed below.

Topical Categories for Abstracts**Fitness Assessment and Training**

- 101 body composition
- 102 resistance training
- 103 endurance training
- 104 fitness assessment and training of healthy older adults
- 105 fitness assessment and training of children and adolescents
- 106 fitness and performance testing — non-clinical
- 107 sport physiology
- 108 other

Cardiovascular, Renal and Respiratory Physiology

- 201 cellular/molecular
- 202 cardiac
- 203 vascular function
- 204 acute exercise
- 205 disease
- 206 blood flow
- 207 rehabilitation
- 208 renal
- 209 respiratory
- 210 other

Skeletal Muscle, Bone and Connective Tissue

- 301 skeletal muscle physiology
- 302 physiology and mechanics of bone and connective tissue
- 303 cellular and molecular physiology related to these systems
- 304 other

Biomechanics and Neural Control of Movement

- 401 gait analysis
- 402 sport biomechanics
- 403 musculoskeletal mechanics
- 404 sports equipment
- 405 neural control of movement and balance
- 406 movement disorders
- 407 dynamical systems
- 408 modeling
- 409 posture/balance
- 410 other

Epidemiology, Biostatistics and Health Promotion

- 501 disease prevention/treatment – epidemiology
- 502 disease prevention/treatment – intervention
- 503 physical activity promotion
- 504 epidemiology of injury and illness
- 505 physical activity assessment
- 506 health promotion programming
- 507 intervention strategies
- 508 population-based surveillance
- 509 biostatistics/research methodology
- 510 other

Metabolism and Nutrition

- 601 oxygen uptake kinetics
- 602 carbohydrate metabolism
- 603 fat metabolism
- 604 protein and amino acid metabolism
- 605 energy balance and weight control
- 606 dietary analysis
- 607 nutritional intervention – micro and macronutrients
- 608 supplements, drugs and ergogenic aids
- 609 other

Psychology, Behavior and Neurobiology

- 701 mental health, cognition
- 702 perceived exertion
- 703 pain
- 704 behavioral aspects of exercise or sport
- 705 neuroscience
- 706 motor control
- 707 other

Environmental and Occupational Physiology

- 801 heat stress and fluid balance
- 802 cold stress
- 803 hyperbaria
- 804 altitude and hypoxia
- 805 space physiology and microgravity
- 806 occupational physiology and medicine
- 807 military physiology and medicine
- 808 other

Immunology/Genetics/Endocrinology

- 901 exercise immunology
- 902 endocrinology, not including reproductive
- 903 reproductive endocrinology and physiology
- 904 genetics
- 905 other

Athlete Care and Clinical Medicine

- 1001 athlete medical evaluation and care
- 1002 athlete trauma evaluation and care
- 1003 age group and gender issues
- 1004 chronic illness and special populations
- 1005 other

Clinical Exercise Physiology

- 1101 clinical exercise testing
- 1102 functional exercise testing
- 1103 post MI/CAD intervention rehabilitation
- 1104 peripheral arterial disease or stroke rehabilitation
- 1105 heart failure rehabilitation
- 1106 diabetic education/intervention
- 1107 obesity/post-bariatric surgery rehabilitation
- 1108 musculoskeletal or neuromuscular interventions
- 1109 pulmonary rehabilitation
- 1110 other

Exercise is Medicine™

- 1200 Study examines the effect of exercise (or physical activity) on the prevention and treatment of disease, as well as the lowering of mortality rates and/or other health benefits

Scientific Abstract Sample

TITLE HAS A 15 WORD LIMIT

Mechanisms Underlying Age-Related Changes in Skin Vasodilation During Local Heating

Christopher T. Minson, Lacy A. Holowatz, W. Larry Kenney, FACS, Brett J. Wong, Brad W. Wilkins. University of Oregon, Eugene, OR, Penn State University, University Park, PA

The skin blood flow (SkBF) response to local heating is reduced in healthy older (O) vs. young (Y) subjects; however, the mechanisms that underlie these age-related changes are unclear. Local skin heating causes a bimodal rise in SkBF involving at least two independent mechanisms: an initial peak mediated by axon reflexes and a secondary slower rise to a plateau which is mediated by the local production of nitric oxide (NO).

PURPOSE: To determine the altered mechanism(s) underlying the attenuated SkBF response to local heating in aged skin. **METHODS:** Two microdialysis fibers were placed in the ventral skin of the forearm of 10 Y (22±2 yrs) and 10 O (77±5 yrs) subjects. SkBF over each site was measured by laser-Doppler flowmetry as the skin over both sites was heated to 42° C for ~60 min. At one site, 10mM L-NAME was infused throughout the protocol to inhibit NO-synthase (NOS). At the second site L-NAME was infused after 40 min of local heating. Cutaneous vascular conductance (CVC) was calculated as flux/mean arterial pressure and scaled as % maximal CVC (infusion of 50mM sodium nitroprusside). Age comparisons were made using two-way ANOVA with repeated measures. **RESULTS:** Maximal CVC was reduced in the O (156±15 vs. 192±12 mV/mmHg, p<0.05), as were the initial peak (46±4 vs. 61±2% max, p<0.05) and plateau (82±5 vs. 93±2%, p<0.05) responses. The decline in CVC with NOS inhibition during the plateau phase was similar in the Y and O groups but the initial peak was significantly lower in O when NOS was inhibited prior to local heating (38±5 vs. 52±4%, p<0.05). **CONCLUSION:** Age-related changes in both axon reflex-mediated and NO-mediated vasodilation contribute to the diminished vasodilator response to local heating in aged skin. Supported by NIH Grant ROI AG07004.

ABSTRACT BODY HAS A 2,000 CHARACTER COUNT LIMIT (NOT INCLUDING SPACES, TITLE, OR AUTHOR BLOCK)

THIS SAMPLE IS ONLY FOR VISUAL REFERENCE OF A COMPLETED ABSTRACT. YOU WILL BE PROMPTED FOR REQUIRED FIELDS DURING THE ON-LINE DATA ENTRY PROCESS.

CLINICAL CASE ABSTRACT SUBMISSION INFORMATION

Preparing the Case Abstract

Case abstracts are limited to 2,000 characters (not including spaces, title, or author block). Accepted case abstracts will be published in the May supplement issue of *MSSE*.

Your clinical case abstract should include a synopsis of your case which includes the history and physical exam of the case to be discussed, an outline of the Differential Diagnosis, Test and Results, Final/Working Diagnosis, and Treatment/Outcomes as it pertains to the case. Clinical case presentations will be presented in discussion format. It is recommended that the necessary data (i.e., EKG, X-rays, ECHOS, etc.) be in slide form.

Do not use brand names in the case abstract.

Indicate grant funding information at the bottom of the case abstract.

Title: The title should be brief (limited to 15 words) and should be succinct and descriptive. The first part of the title should reflect the area of the problem and the second part, the sport or activity of the athlete, but should not include the diagnosis (example: Neck Injury—Football).

Authors: First and last names of authors will be listed on the case abstract. If a Fellow sponsors without authoring or co-authoring the case abstract, you will provide the Fellow's name in your on-line submission. Presenting author must have been involved with significant treatment of the patient and have a thorough understanding of the entire case and the outcome. Do not include degrees, as this affects online search functions.

Institutions: Institutions of all authors will be included. Do not include departments.

Text: The first paragraph should state the history of the case; the second paragraph should outline the physical exam, then list:

- Differential Diagnosis
- Tests and Results
- Final/Working Diagnosis
- Treatment and Outcomes

See clinical case abstract sample below.

Case Topical Categories

There are five types:

- Cardiovascular
- General Medicine
- Head, Neck and Spine
- Musculoskeletal
- Age and Gender Specific Issues

Clinical Case Abstract Sample

AREA OF PROBLEM

Neck Injury — Football

SPORT OR ACTIVITY

Suzanne M. Tanner, University of Colorado Sports Medicine Center, Denver, CO

e-mail: aabbccdd@eeff.edu

(Sponsor: William O. Roberts, FACSM)

HISTORY: A 17-year-old senior high school football defensive cornerback sustained a neck injury while tackling. During the third quarter of a midseason game, he unintentionally used a spearing technique for a successful tackle. As he drove his head into a ball carrier's chest, his neck was forced into flexion and he developed moderate posterior neck pain. There was no numbness, tingling, weakness or radiation of pain into his upper extremities. Three tackles later, 11 plays later, and during the fourth quarter, he reported his neck pain to the athletic trainer.

PHYSICAL EXAMINATION: Examination on the sidelines revealed moderate tenderness over the spinous processes of C6-T1, mild tenderness of the adjacent paraspinal muscles bilaterally and normal sensation, reflexes and strength of his upper extremities. There was full active range of motion of his neck but flexion and extension were painful. Over the next hour, his neck progressively became stiffer, but he had no neurological symptoms or signs.

DIFFERENTIAL DIAGNOSIS:

1. Strain of cervical paraspinal muscles
2. Fracture of cervical spine
3. Cervical sprain

TEST AND RESULTS:

Cervical spine anterior-posterior and lateral radiographs:

- obliquely horizontal fracture of C7 spinous process with 1/2 cm displacement of fracture fragments
- 2 mm of forward subluxation of C6 vertebral body relative to C7 vertebral body

Lateral cervical spine radiographs with neck actively flexed and extended:

- no further subluxation of C6 vertebrae
- increased distraction of spinous fracture fragments with neck flexion

Cervical spine oblique radiographs:

- normal orientation of facets and pedicles

FINAL/WORKING DIAGNOSIS:

Clay-shoveler's fracture (avulsion fracture of spinous process of C7)

TREATMENT AND OUTCOMES:

1. Immobilization with Philadelphia collar for 6 weeks.
2. Repeat active extension and flexion radiographs at 3 and 6 weeks post injury showed no delayed increase in stability.
3. Neck isometric exercises started 3 weeks post injury.
4. Range of motion and neck strengthening exercises started 6 weeks post injury.
5. Returned to sports 3 months post injury when he had full, painless ROM, normal strength and able to meet the demands of his sport.

**CLINICAL CASE ABSTRACT BODY HAS
A 2,000 CHARACTER COUNT LIMIT
(NOT INCLUDING SPACES, TITLE, OR
AUTHOR BLOCK)**

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ACSM Call for Scientific and Clinical Case Abstracts

FEATURED SCIENCE SESSIONS AND HIGHLIGHTED SYMPOSIA

Athlete Care and Clinical Medicine

*Updates on Performance
Enhancing Agents*

Biomechanics and Neural Control of Movement

*The Biomechanics and
Physiology of Running with
Prosthetic Legs*

Cardiovascular, Renal and Respiratory Physiology

*Exercise Training Effects on
Skeletal Muscle Blood Flow*

Clinical Exercise Physiology

*Exercise Heart Rate Response
and Recovery – Simple But
Important Clinical Measures!*

Environmental and Occupational Physiology

*Into Thin Air: Optimizing
Exercise Performance at High
Altitude*

Epidemiology, Biostatistics and Health Promotion

*Sustainability and Trajectories of
Physical Function in Older
Cancer Survivors*

Fitness Assessment and Training

*Sports Injury: Prevalence,
Prevention, and Practice*

Immunology/Genetics/ Endocrinology

Title TBD

Metabolism and Nutrition

*Nutrition and Metabolism in
Athletes with Special Needs*

Psychology, Behavior, and Neurobiology

*Neuroprotective Effects of
Exercise for Depression*

Skeletal Muscle, Bone and Connective Tissue

*The Exercise Pill: Too Good to
Be True?*



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