

Interested parties are asked to submit abstracts of original work dealing with Natural Supplements including, but not limited to: their background, mechanism of action, utilization demographics, efficacy, risk/benefit ratio, patient education, marketing, and regulation. Submission of original works (including works or projects in progress) will be accepted in two categories:

- I. **Original Clinical Research**
- II. **Basic Sciences / Review / Case Studies**
- III. **Student/Fellow**

Submitted abstracts of 400 words or less consisting of original observations in categories I or II will be peer-reviewed by the program research committee in pertinent areas including originality, study design, interpretation, and relevance to the conference theme. Posters accepted by the committee will be presented throughout the conference.

Applicants must submit the following three (3) attachments by e-mail:

- **Abstract Submission Form** - Please complete the document below with author and poster information. Be sure to save the file before sending.
- **Abstracts of 400 words or less** covering pertinent areas including context/background, objective, methods, results and conclusions without listing of authors or affiliated institution. These will be judged by the program committee in a blinded fashion in pertinent areas including originality, study design, interpretation, and relevance to the conference theme.
- **CV/Resume of principle author.**

Accepted entries will receive:

Reduced conference admission of \$350 (\$400 if registering after December 9, 2011)

Winning entries will also receive:

Cash prizes of up to \$750 (1st, 2nd and 3rd places in Cat. I/II and student division)

Publication in the *Journal of Alternative and Complementary Medicine* (based on final editorial review)

The deadline for submissions is December 30, 2011.

Submissions received after this date will be reviewed based upon space availability. Authors of selected posters will be notified within four weeks of submission.

For questions and submissions, please contact:

Natalie Swentek, CMP
Conference and CME Coordinator, Scripps Conference Services & CME
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Examples of Acceptable Abstracts:

We have been asked for examples of acceptable abstract submissions for the conference. What follows are several previously published abstracts which follow the general requirements of our call for abstracts. Additional abstracts in pertinent categories can be found by searching PUBMED the altersms "herbal medicine". <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=Search&DB=PubMed>

- A. **Clinical trial**
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=14526714&dopt=Abstract
- B. **Prevalence study**
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=14510990&dopt=Abstract
- C. **Review/meta-analysis**
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12791229&dopt=Abstract
- D. **Case-study**
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10332534&dopt=Abstract
- E. **Basic sciences**
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12511231&dopt=Abstract

Principle Author Information

Principle Author Name (As you would like it appear in any publication):		Institutional Affiliation (As you would like it appear in any publication):	
Professional Title (as you would like it appear in any publication):			
Education Status of Principle Author: <i>*student, resident, fellow please send verification of status</i>		<input type="checkbox"/> Faculty Researcher / Clinician <input type="checkbox"/> Medical student* <input type="checkbox"/> Resident* <input type="checkbox"/> Fellow* <input type="checkbox"/> Other: _____	
Street address:			
City:		State:	Zip:
Phone:		Fax:	E-mail:
Contact person if different from author:		Phone:	E-mail:

Additional Author Information

1. Additional author (As you would like it appear in any publication):	
Institutional Affiliation:	E-mail:
2. Additional author (As you would like it appear in any publication):	
Institutional Affiliation:	E-mail:
3. Additional author (As you would like it appear in any publication):	
Institutional Affiliation:	E-mail:

Poster Title (as you would like it appear in any publication) :	
Category:	<input type="checkbox"/> I. Original Clinical Research <input type="checkbox"/> II. Basic Sciences / Review / Case Studies <input type="checkbox"/> III. Student / Fellow