

October 2009

Dear OARSI Member:

This is an exciting time for OARSI as our society has grown and we are a recognized leader in the field of osteoarthritis. Our slide library, formation of a Young Investigator Committee and scholarship program are just some of our recent activities. In addition, we will be developing an online Primer on OA and a private social networking site for members only.

OARSI is also involved in developing guidelines for the FDA Clinical Trial Development, a biomarkers initiative and projects with OMERACT.

Please consider nominating yourself or someone else for consideration by the Nominating Committee to fill open positions on the OARSI Board of Directors. The term of office is 3 years and begins in September, 2010. We hold two Board meetings per year.

The Nominations Committee seeks to maintain a balance of area of specialty, geographic region and gender.

You must include short CV or BIOSKETCH and a signed disclosure form. These should be sent via email to:

Priscilla Rodriguez, OARSI Membership Coordinator, prodriguez@ahint.com. You may also mail or fax the application to the OARSI office.

The deadline for nominations **DECEMBER 30, 2009**

OARSI Office

15000 Commerce Parkway, Suite C

Mount Laurel, NJ 08054

Phone: +1-856-642-4215 Fax: +1-856-439-0525

Email submission: prodriguez@ahint.com

Please take the time now to help choose the leaders who will guide OARSI into the future of our field.

Thank you for your support and participation.

Sincerely,
Steven Abramson, MD
Nominations Committee Chair

2010 OARSI Board Nomination Form

Deadline for Nominations: December 30, 2009

Instructions:

To be considered a valid nomination, the following conditions must be met:

- a. The completed **Board Nomination Form** and **Disclosure Form** must be submitted to the OARSI National Office by the nominator or the nominee.
- b. The nominator and the nominee must be current OARSI members.
- c. Deadline for Nominations is **December 30, 2009**. Nominations received by mail or courier must be postmarked on the date of the publicized deadline.
- d. Nominations postmarked after the publicized deadline date or nominations emailed after 5:00 PM EST on Dec 30th will not be accepted.

Nominator:

Nominee:

Nominee's Address:

Nominee's Phone:

Nominee's Fax:

E-Mail:

Nominee's Education and Academic/Clinical Appointments: (Please attach SHORT CV)

Nominee's Service to the OARSI: (*Committees, Programs, Editorial Board, etc*)

Nominee's Honors/Awards (*National and Local recognition*)

Nominee's Special Expertise (Financial, Organizational, Management, Technical, etc)

Nominee's Professional Skills:

(Nominee must complete)

Describe your interest in serving OARSI:

Please send the completed nomination form to:

OARSI National Office
15000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054
856-642-4215 (Priscilla Rodriguez, Admin. Assistant)
Fax: 856-439-0525
Email: oarsi@oarsi.org
Website: www.oarsi.org

3. Intellectual Property – Do you currently receive, anticipate receiving, or have a reasonable expectation to receive income from intellectual property sources, including but not limited to copyrights, patents or licenses?

[] YES

[] NO

If YES, please describe the nature and source of such intellectual property:

4. Research Grants/Contracts - If you are currently listed or have in the past 12 months been listed as PI or other investigator (including clinical studies) please indicate the following:

Funding Agency	Institution/Group/Title of Study

5. Company Ownership and Investments

A. Medical or Scientific industry - Do you have any medical or scientific industry-related investments, including but not limited to stocks, bonds, options, or other form of investment or ownership in companies in the following industries: pharmaceutical, biotechnology, medical education, medical publishing, medical internet, or other healthcare or scientific related endeavors?

Firm	Type

B. Non-Medical industry - Do you have any non-industry-related investments, including but not limited to:
 stocks, bonds, other options or ownership, or contractual relationships with any non-medical companies that might conflict with your duties/position with OARSI. Include any relationship with a company that has or might be considered for a business relationship with OARSI.

- YES
- NO

If you answered YES to 5B, please specify below:

Company Name: _____
 Investment/Relationship: _____

The undersigned person acknowledges receipt of a copy of the "OARSI Code of Ethics"
 By checking this box, I acknowledge my agreement to the letter and spirit of the Code, and I agree to report to the OARSI Ethics Committee any possible conflicts of interest (other than those stated below) that may develop before completion of the next annual statement.

Printed Name: _____

Date: _____

Please save this form and attach to an email to prodriguez@ahint.com or you may fax the completed form to OARSI at +1 856-439-0525