



ABSTRACTS

Abstracts are invited for oral or poster presentation. Abstracts should include a title of the presentation, the authors' names and affiliations, and no more than 250 words of text.

Submissions should indicate the corresponding author's e-mail address, telephone and fax numbers and whether an oral or poster presentation is preferred.

ABSTRACT SUBMISSION

Submission deadline is

January 12, 2011

E-mail: knorris@nshs.edu

(Microsoft Word or Word Perfect format)

Fax: Katherine Norris at (718) 343-1659

ABSTRACT INFORMATION

For more program information, call Katherine Norris, Program Coordinator, at (718) 470-8418.

PROGRAM CHAIR

Anil K. Malhotra, MD

Director, Division of Psychiatry Research
The Zucker Hillside Hospital
The Feinstein Institute for Medical Research
North Shore-Long Island Jewish Health System
Glen Oaks, NY

ORGANIZING COMMITTEE

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Institute of Psychiatry
University of Bologna
Bologna, Italy

North Shore LIJ The Zucker
Hillside Hospital

The 10th Annual Pharmacogenetics In Psychiatry Meeting

A Category 1 CME Conference



Sponsored by The Zucker Hillside Hospital

April 15 and 16, 2011

The New York Marriott Downtown
85 West Street
New York, NY 10006

North Shore LIJ The Zucker
Hillside Hospital



PROGRAM INFORMATION

Location

The New York Marriott Downtown
85 West Street, New York, NY 10006 (at Albany Street)
(212) 385-4900

Accommodations

A block of rooms has been reserved at a special rate of \$189 until Monday, March 28, 2011. Contact the Marriott Downtown directly and inform them that you will be attending the "Pharmacogenetics in Psychiatry meeting." Phone: (800) 228-9290 or (212) 385-4900

Registration Contact

Contact: Katherine Norris at The Zucker Hillside Hospital
Phone: (718) 470-8418 • Fax: (718) 413-1927
Email: knorris@nshs.edu
Website: www.pharmacogeneticsinpsychiatry.com

Cancellations

All cancellations must be confirmed in writing by Monday, March 14, 2011 for registration refund. After this date, registration is non-refundable.

CME Accreditation

North Shore-Long Island Jewish Health System is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

North Shore-Long Island Jewish Health System designates this continuing medical education activity for a maximum of **11 AMA PRA Category 1 Credits**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Policy

North Shore-Long Island Jewish Health System relies upon faculty participants in its CME programs to provide educational information that is objective and as free of bias as possible. In this spirit, and in accordance with the guidelines of the program sponsor, faculty participants are expected to indicate any commercial relationship that might be perceived as a real or apparent conflict of interest.

We would like to thank our financial supporters. These include the Feinstein Institute for Medical Research, the National Institute of Mental Health, and industry partners. Funding for this conference was made possible (in part) by (R13 MH090652) from the National Institute of Mental Health. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention by trade names, commercial practices, or organizations imply endorsement by the U.S. Government"

THE 10TH ANNUAL PHARMACOGENETICS IN PSYCHIATRY MEETING

Friday, April 15, 2011 • 8:00am-5:00pm
Saturday, April 16, 2011 • 9:00am-12 Noon

The New York Marriott Downtown

REGISTRATION FEE:
Physicians and Scientists \$150.00
Residents, Fellows and Allied Health Professionals \$ 75.00

THREE WAYS TO REGISTER:

FAX: This form with Visa, M/C, or American Express number to (718) 413-1927

PHONE: (718) 470-8694 with your Visa, M/C, or American Express number

MAIL: This form with credit card information or a check payable to:
The Zucker Hillside Hospital
Attn: Katherine Norris
75-59 263rd Street, Glen Oaks, NY 11004

Registration Information (Please Print Clearly)

Name _____
Last First

Credentials _____
(Md, Rn, Pa, Phd, Etc)

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax: _____

Email _____

Please indicate:

Enclosed is my check for \$_____ payable to:
Long Island Jewish Medical Center

Charge \$_____ to my
 VISA MASTERCARD Am Ex

Credit Card Number _____

Security Code _____ EXP _____

Signature _____ Date _____

ABOUT THE PROGRAM

T*The annual Pharmacogenetics in Psychiatry meeting has provided a forum for the presentation and discussion of new developments in the field of psychiatric pharmacogenetics. Previous meetings have been highlighted by discussion of topics including: prediction of clinical response to antipsychotic and antidepressant drugs; genes associated with the development of adverse side effects; novel statistical approaches; and most recently, the implication of genome-wide association (GWAS) approaches for pharmacogenetics. Moreover, we have brought together investigators working in diverse areas of research, from molecular geneticists to clinical trial investigators, from academia and industry, in order to engender true interdisciplinary approaches to the problem of variation in clinical response to psychotropic drugs. It is our hope that each participant will come away from this meeting with an appreciation of the breadth of this emerging field.*

Join us for the
Poster Session & Reception
Friday evening, April 15, 2011
5:30-7:30 pm

Financial Ballroom, Section 3
The New York Marriott Downtown



**THE EIGHTH ANNUAL
PHARMACOGENETICS IN PSYCHIATRY MEETING**

Friday & Saturday April 17 & 18, 2009 1:00 PM
Rust Auditorium • North Shore University Hospital

REGISTRATION FEE:
Physicians and Scientists \$150.00
Residents, Fellows and
Allied Health Professionals \$ 75.00

THREE WAYS TO REGISTER:

- Online:** www.northshorelij.edu/cme
- FAX:** This form to: (516) 465-8204
with Credit Card information (VISA or Mastercard ONLY)
- MAIL:** This form with a check for \$10, made payable to
“The Zucker Hillside Hospital”
or complete Credit Card Information below:
NSLJ CME Office,
The Zucker Hillside Hospital
Attn: Katherine Norris
75-59 23rd Street, Glen Oaks, NY

Registration Information (Please Print Clearly)
*Information is used for confirmation, badge and certificate
(Business Card Attachment is acceptable)*



Name _____ Credentials _____
(Md, Rn, Pa, Phd, Etc)

Address _____

City _____ State _____ Zip _____

Phone (Days) _____ Cell _____

Email _____

Affiliations _____ Speciality _____

- Please indicate: Physician Resident/Fellow
 Physician Assistant Nurse Practitioner
 Check # _____ for \$ _____ payable to “Office of CME”
 Charge \$ _____ to my VISA MASTERCARD

Credit Card Number Security Code EXP

PLEASE LIST ALL 16 DIGITS FROM YOUR CREDIT CARD
AND 3 DIGIT SECURITY CODE

Authorizing Signature _____ Date _____

CANCELLATION POLICY: All cancellations must be confirmed
in writing to Office of Continuing Medical Education by
_____ for a refund. No refund will be made
after this date, or for “no-shows”.