

SSMR NEWS

Winter *Society for the Study of Male Reproduction* 2011



President's Message



Ajay K. Nangia, MBBS

I hope that 2011 has started well for all of you. Since the last newsletter there have been some advances in the arena of male infertility and male reproductive health as a public health issue. In September 2010 a landmark meeting was held at the Center for Disease Control to introduce the issues to CDC agencies and to discuss the future of interaction between different groups that can advance public awareness from issues of male contraception; male infertility and life style issues; fertility issues for males with cancer and recognizing male infertility as a

medical disease to name a few. The SSMR hopes to continue these efforts with other andrology societies and support groups. I would like to consider the meeting at the CDC as the beginning of a mission. Hopefully we can improve the understanding of male reproductive issues as part of a larger picture of health care and potentially improve the cost effectiveness of care that may in fact be preventative in some cases. This will potentially reduce male infertility overall and/or the requirement of expensive assisted reproductive techniques. This all seems timely as we approach the 2011 AUA annual meeting in Washington, DC, of all places! I am honored to have Kirk Lo, MD, as the program chair for the SSMR Annual Meeting this year. He has been very thoughtful in putting together the program this year with some provocative and timely discussions.

The 2011 annual SSMR program will be held on Tuesday May 17, 2011, from 1:00 p.m. – 5:00 p.m. It is entitled: *Politics as Usual? New WHO Reference Value for Semen Analysis & Infertility as a Health Issue*. The goal of the meeting is to highlight and discuss current issues in our field that many of us are challenging or potentially controversial especially in the current economic and healthcare climate. The faculty and their scheduled talks include:

12:00 p.m. – 1:00 p.m. Industry Sponsored Lunch Symposium – Vasectomy Reversal: Tricks of the Trade
Chaired by Sheldon F. Marks, MD

WHO Controversy

WHO 2010 Reference Values for Human Semen Characteristics

– *How did we come up with this?*

Christina Wang, MD, member of the WHO Committee

Critique of the New WHO Reference Values – How will the values affect our practice?

Paul J. Turek, MD

SSMR poll of members will be included

Infertility & Men's Health

THE SCIENCE:

Genetic Abnormalities Leading to Malignancy and Other Men's Health Issues – risk of genetic inheritance from male infertility

Peter N. Schlegel, MD

THE FACTS:

A Red Flag for Major Health Issues in Men – Limitations of current information – need for better databases?

James F. Smith, MD, MS

THE FUTURE:

The Role of the CDC/Government in Male Reproductive Health

Lee Warner, PhD (CDC)

Infertility Service Coverage – the Massachusetts Experience

Robert D. Oates, MD

Debate – Best Technique for Vasectomy Reversal

Robotic Assisted Microsurgery for Male Infertility –

Show me the data

Sijo J. Parekattil, MD

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Mini-incision Vasectomy Reversal

Keith A. Jarvi, MD

True and Tested Vasovasostomy Technique – Why all the Fuss?

Marc Goldstein, MD

This promises to be a very interesting session, with ample time for audience participation and discussion of important topics. The annual SSMR business meeting will follow the SSMR annual program, and I encourage each of you to attend and provide your input regarding the activities of the SSMR.

The SSMR annual dinner will be held on Tuesday, May 17, 2011, at Clyde’s of Gallery Place, which is located at 707 7th Street NW in Washington, DC. Please take a moment now to complete and return

the reservation form; a hard copy is included in this newsletter and an electronic copy for online completion was sent in a recent email. The SSMR annual dinner serves as a valuable opportunity to catch up with old friends and make new acquaintances. The SSMR/SMSNA Men’s Health Traveling Fellows will be attending our dinner again this year, and I encourage you to meet these talented men and women who have expressed an interest in our field.

I want to personally thank my fellow SSMR members who have served on the Board of Directors this past year. Each of these board members has significantly contributed to the ongoing activities of the SSMR, and their time and commitment are much appreciated. ☘

Ajay K. Nangia, MBBS
President, SSMR

*Review of ASRM
2010*

SATURDAY, OCTOBER 23, 2010

**The Society for Male Reproduction and Urology
The Next 20 Years of Male Infertility: A Look into the Crystal Ball
Saturday, October 23, 2010
PG Course-04
By Edward D. Kim, MD
(Summarized by Dan Williams, MD)**

Ed Kim (chair), Ajay Nangia, Robert Oates and Larry Lipshultz addressed the (mis)perception that the role of the urologist in the treatment of the infertile couple may become limited without further significant therapeutic advances. They discussed the clinical practice needs in male infertility with emphasis on advances that are practical and therapeutic. They covered fertility concerns in the aging male, translation research from the bench to the bedside, advances in medical therapy and surgical advances for the infertile male.

MONDAY, OCTOBER 25, 2010

**The Society for Male Reproduction and Urology
Future of Surgery
Monday, October 25, 2010
Plenary Session 2 – AUA Bruce Stewart Memorial Lecture
By Richard M. Satava, MD
(Summarized by Dan Williams, MD)**

The 2010 AUA Bruce Stewart Memorial Lecture was given this year by Richard M. Satava, MD, from the University of Washington. Dr. Satava is a general surgeon and former flight surgeon in the US Army. The lecture highlighted the need to take a new perspective on technology if we are going to revolutionize health care and its

delivery. He illustrated the advances in computerized simulation and artificial intelligence by discussing new technologies that are under development including total body scanners (Holomer), virtual autopsies, mobile ICU’s and life support devices, unmanned helicopters and air vehicles, intelligent operating rooms with robotic scrub nurses and brain-machine interface devices that control motion with thoughts. He highlighted the importance of participating in debates and guideline developments on the moral and ethical issues that disruptive future technologies pose to the medical profession. Essentially, he demonstrated that “futuristic” medicine is here, and practicing physicians will need to be prepared for the coming technological revolution that may significantly change practice patterns.

**The Society for Male Reproduction and Urology
Oral Abstract Sessions
Monday, October 25, 2010
(Summarized by Natan Bar-Chama, MD)**

O-55 DOES ISOLATED TERATOZOOSPERMIA WARRANT THE USE OF INTRACYTOPLASMIC SPERM INJECTION (ICSI)?

Hodes-Wertz et al presented an abstract titled “Does Isolated Teratozoospermia Warrant the Use of Intracytoplasmic Sperm Injection (ICSI)?” The authors reported on a retrospective analysis of 90 fresh IVF cycles with documented poor Kruger morphology in which all oocytes that had previously been subjected to ICSI for fertilization at another program were then fertilized by insemination-only or ½-insemination, ½-ICSI in their first cycle at their program. The authors reported no statistical difference in fertilization rates (FR) between the two different fertilization methods, and no complete fertilization failure. ICSI did not significantly improve FR in the strict Kruger morphology quartiles looked at (0 – 2, 3 – 4, 5 – 9,

10 – 32). In choosing the best quality embryos for transfer, there was no correlation between morphology, fertilization method and embryo transferred. Pregnancy rate did not differ in those that had only ICSI embryos vs. only inseminated embryos transferred and did not correlate with morphology ($p=0.41$). The conclusion reached by the presenters was that isolated teratozoospermia does not affect FR or embryo quality and that isolated morphology abnormalities should not be an indication for ICSI.

O-56 ANEUPLOIDY RATES IN EJACULATED AND TESTICULAR SPERMATOZOA WITH HIGH SPERM DNA DAMAGE

Librach et al presented an abstract titled “Aneuploidy Rates in Ejaculated and Testicular Spermatozoa in Patients with High Sperm DNA Damage.” The authors looked at data comparing aneuploidy rates in ejaculated and testicular spermatozoa in six men all with persistent high sperm DNA damage (>30%) just prior to ICSI treatment. Aneuploidy assessment for chromosomes 18/X/Y by Fluorescence in Situ Hybridization (FISH) was performed. The testicular samples showed a significant decrease in DNA damage compared to ejaculated spermatozoa, however, the testicular samples showed significantly higher sex-chromosomes aneuploidy compared to ejaculated spermatozoa as well as increased in total aneuploidy for the three analyzed chromosomes. The authors concluded that while testicular spermatozoa appear to be favorable in terms of lower DNA damage, this finding is countered by higher aneuploidy rates and as testicular sperm retrieval is an invasive and expensive procedure, it should not be the standard of care for patients with high sperm DNA damage until a randomized controlled trial shows clear benefits in terms of pregnancy rates for these patients.

O-57 EFFECT OF BODY MASS INDEX ON SPERM QUALITY

Pariz et al presented an abstract titled “Effect of Body Mass Index on Sperm Quality.” A retrospective review of 943 men aged 19 to 50 years seen at an ART Program between January 2004 and December 2008. The authors reported that ejaculate volume, progressive motility and total motile sperm count were lower in obese men. Moreover, azoospermia frequency was higher in the overweight and obese groups and no differences were observed in ejaculatory abstinence and varicocele frequencies. The authors concluded that higher BMI values lead to lower overall semen quality, increasing risk for infertility.

O-58 THE GENDER GAP IN THE TIME COSTS OF INFERTILITY TREATMENT: EXAMINATION OF A PROSPECTIVE US COHORT

Eisenberg et al presented an abstract titled “The Gender Gap in the Time Costs of Infertility Treatment: Examination of a Prospective US Cohort.” The authors looked at 371 infertile couples, who recorded over an 18 month period, time spent on infertility treatment including clinic visits, travel, telephone and other tasks. During this period, women reported spending significantly more time on infertility related activities (median: 51.5 hours, range: 0 to 537) compared to men (median: 18.5 hours, range: 0 to 265); these differences in time expenditures between genders persisted regardless of infertility diagnosis. When examining women, those from couples with a male factor infertility etiology, reported significantly higher time expenditures. A similar trend toward larger time expenditures was

also noted in men from couples with a male factor. In contrast, there was no difference in time expenditures whether a female factor was present among female or male respondents. The authors concluded that women from infertile couples spend significantly more time on infertility related activities than do their male partners. A diagnosis of male factor infertility significantly increases the time costs for both members of an infertile couple, while female factor infertility has no significant effect on a couple’s time expenditures.

O-59 MICRODISSECTION TESE: THE LEARNING CURVE

Hsiao et al presented an abstract titled “Microdissection TESE: The Learning Curve.” The authors retrospectively reviewed 1,041 patients who underwent Microdissection TESE between 1997 and 2009. Patients were divided into three groups based on year of microdissection TESE: 1997 – 1999, 2000 – 2003 and 2004 – 2009. Pre-op/operative testicular histology, FSH, age, testicular volume and sperm retrieval rates were compared. Patients presented with similar age, serum FSH and average testicular volume. There were similar percentages of patients with Klinefelter’s syndrome in the three groups. The overall sperm retrieval rate was similar for all three time periods (62.4%, 54.5% and 57.9% $p=0.31$). Over time, there has been a significant increase in the percentage of patients with SCO on testicular biopsy, increasing from 29.1% to 49.7% to 61.1% ($p<0.0001$). When stratified by testicular histology, an increase in the sperm retrieval rates for patients with SCO was observed increasing from 35.3% to 49.1% (however this did not reach statistical significance ($p = 0.20$)).

TUESDAY, OCTOBER 26, 2010

The Society for Male Reproduction and Urology Interactive Session Oligospermia: The Benefit of Diagnosing and Treating the Male Tuesday, October 26, 2010

Chair: Stan Honig, MD

Presenters: Robert Brannigan, MD (Urology) and William Schlaff, MD (RE)

(Summarized by Stan Honig, MD)

This session discussed six cases of male factor fertility. You can go to the SSMR website at www.ssmr.org to review questions and answers from the audience.

Drs. Honig, Brannigan and Schlaff reviewed the literature on multiple topics such as: infertility and testis tumors, DNA fragmentation, anabolic steroids, obesity and male infertility, genetics and varicoceles.

The session polled the audience as to demographics and responses of how to handle certain clinical problems from a urologists’ and reproductive endocrinology standpoint.

The results were very interesting and provocative.



The Society for Male Reproduction and Urology
Oral Abstract Sessions
SMRU Traveling Scholars
Tuesday, October 26, 2010
(Summarized by Dan Williams, MD)

O-166 MEN WITH Y-MICRODELETIONS CAN DISPLAY CO-EXISTING GENOMIC SYNDROMES DUE TO GAINS OR LOSSES IN THE PSEUDOAUTOSOMAL REGIONS

Jorgez and colleagues investigated recombination of pseudoautosomal regions of the X and Y chromosomes in men with AZFc microdeletions. They found that pseudoautosomal region defects may be transmitted to offspring and may lead to phenotypic abnormalities in the offspring of men with Y chromosome microdeletions.

O-167 THE USE OF FIBEROPTIC CONFOCAL FLUORESCENT MICROSCOPY FOR MICRODISSECTION TESTICULAR SPERM EXTRACTION (microTESE) IN A MURINE MODEL

Smith and colleagues examined the potential for fiberoptic confocal fluorescent microscopy to identify labeled sperm during micro-TESE in a murine model. They found that this technique was feasible and may translate in the future to the clinical setting to reduce operative times and improve sperm retrieval rates.

O-168 DIETARY FATS AND SEMEN QUALITY AMONG MEN ATTENDING A FERTILITY CLINIC

Attaman and colleagues used a validated questionnaire to investigate the relation between dietary fats and semen quality and found that the intake of saturated and monounsaturated fats are inversely related to sperm concentration, while intake of polyunsaturated fatty acids is positively related to sperm motility and morphology.

O-169 A NOVEL DELETION ON Yq11.221 IS ASSOCIATED WITH SEVERE OLIGOZOOSPERMIA AND AZOOSPERMIA

Aston and Carrell identified new and functionally important copy number variants associated with azoospermia and severe oligospermia by analyzing banked tissue samples. They found a novel deletion on Yq11.221 that may be an important risk factor for impaired spermatogenesis.

O-170 THE EFFECTS OF BENIGN PROSTATIC HYPERTROPHY ON THE ANATOMY OF THE EJACULATORY DUCT

McIntyre and colleagues looked at the effect of BPH on the anatomy of the ejaculatory duct by examining seven cadaveric specimens. They found that when BPH is located posteriorly, it elevates and elongates the ejaculatory duct. However, functional studies are needed to determine if this leads to ejaculatory duct pathology.

O-171 DO IVF OR IVF TECHNOLOGIES INCREASE RISK OF MISCARRIAGE (MC) AND ANEUPLOIDY (ANP)? TEN YEAR OUTCOME ANALYSIS OF ICSI AND EXTENDED EMBRYO CULTURE AT A LARGE, UNIVERSITY-BASED IVF CENTER

Devine and colleagues evaluated miscarriage, live birth and aneuploidy in miscarriage specimens from ICSI versus extended

embryo culture. They found that IVF did not increase miscarriage rates over natural conception; older maternal age and day three transfers correlated strongly with pregnancy failure; live birth improved with day five transfers; and ICSI did not increase the risk of miscarriage or aneuploidy. They concluded that aneuploidy screening in this population should be based on standard obstetric screening criteria.

WEDNESDAY, OCTOBER 27, 2010

The Society for Male Reproduction and Urology
Oral Abstract Sessions
Wednesday, October 27, 2010
(Summarized by Peter Kolettis, MD)

O-208 MUTATIONS IN THE MSH5 MISMATCH REPAIR GENE IN NON-OBSTRUCTIVE AZOOSPERMIC MEN (NOA)

Mismatch repair genes help maintain genomic stability. The Baylor group tested for defects in mismatch repair genes MSH-4 and MSH-5 in infertile men. They identified a mutation (P29L) in MSH-5 in some of the infertile subjects but none of the fertile controls. This raises concerns about other potential health problems for some men with severe male factor infertility and the potential offspring that could result from ICSI.

O-209 SEMEN CHARACTERISTICS OF A LARGE COHORT SHOW PROTAMINE 1 (P1) TO PROTAMINE 2(P2) RATIO IS INDEPENDENT OF OTHER SPERM PARAMETERS

O-210 INCREASED SPERM DNA DAMAGE IS ASSOCIATED WITH PROTAMINE PACKAGING ANOMOLIES

These two abstracts examined the relationship between sperm protamination and semen parameters and DNA damage, respectively. In O-209, Nanassy et al from Utah evaluated over 400 men with abnormal sperm parameters and over 200 normozoospermic men. They found that the P1/P2 ratio seemed to be independent of sperm concentration, motility and morphology. In O-210, Peart et al from Syracuse evaluated the relationship between sperm DNA damage and protamination relative to semen parameters. Over 100 patients were evaluated using CMA3 staining to assess protamine content. A significant correlation was observed between CMA3 positive cells and DNA damage when it was greater than 15% in groups classified as oligoasthenoteratozoospermic and teratozoospermic.

O-211 PQUANTITATIVE SHOTGUN PROTEOMIC ANALYSIS OF SEMINAL PLASMA FROM MEN WITH SPINAL CORD INJURY-INDUCED ANEJACULATION

DaSilva et al employed a quantitative shotgun proteomic analysis technique to examine the seminal proteome of anejaculatory spinal cord injured men. In this initial work, they observed altered expression of a number of proteins when compared to control men. This work could lead to better understanding of the causes of abnormal semen quality and identify possible future therapeutic targets. ☞



SSMR Elections

Once again, the Society for the Study of Male Reproduction will be holding elections online. The ballot will be placed in the Members Only section of the website (www.ssmr.org). All voting members will be able to vote from February 15 – April 15, 2011.

The positions open for election this year are secretary and member-at-large. We encourage all voting members to participate in this process.

To log in to the Members Only section you will need your username (which is your last name), as well as your password (which is your member number). You can request your password at the sign-in if you do not have that information available. We hope that this will make it easier to stay involved in our society and make your voice heard. ☘

2011 Society for the Study of Male Reproduction “Politics as Usual? New WHO Reference Value for Semen Analysis & Infertility as a Major Health Issue in Men”

Kirk C. Lo, MD, Program Chair

The 2011 Society for the Study of Male Reproduction (SSMR) program will feature the NEW standards that that will change how we see and practice male infertility.

The World Health Organization (WHO) published the new reference value for semen analysis this year, which challenges the classical “limits of adequacy” as we have used in our practice for more than a decade. How will these “new and improved” reference values affect our care for the patients? Our invited speaker from the WHO panel will discuss what has changed and how they came up with these numbers. A representative from SSMR will then dissect the statistics and put things into perspective. This session will provide a forum for the audience to voice their concerns and have their questions addressed by the authorities in the field.

Recent reports have linked male infertility to high grade prostate cancer and testicular cancer. Recognizing infertility is no longer an isolated reproductive issue; the Center for Disease Control (CDC) of the United States has held talks with the SSMR representatives to discuss the related health issues in men with infertility. Our speakers will address the facts and science behind these major health issues, and a CDC representative will outline the government initiatives that will impact our clinical practice, research priority and funding.

In the spirit of politics at the nation’s capital, controversies in the best techniques for vasectomy reversal will be debated by the legends and the rising stars in the field, which will conclude the program. We invite all members of the SSMR and all attendees of the American Urological Association meeting to join us for an informative and exciting program that will leave you with updated knowledge for your practice and something to talk about. ☘

2011 Industry Supporters
Angiotech

Educational Grant Supporters
EMD Serono, Inc.



2011 SSMR Meeting
“Politics as Usual? New WHO Reference Value
for Semen Analysis & Infertility as a Major
Health Issue in Men”

NEEDS AND OBJECTIVES

Needs:
 The goal of this meeting is to update the most recent World Health Organization (WHO) semen analysis reference values and discuss the clinical and research application of this new standard. Male fertility and its relationship with other health issues such as cancer will be highlighted in the program, and the new initiative from Center of Disease Control (CDC) on male reproductive health will be discussed. Innovated surgical techniques for vasectomy reversal will also be showcased in the program.

- Objectives:**
 At completion of this program the participant should be able to:
1. Apply the new WHO semen analysis reference value to their clinical practice and research.
 2. Identify the potential health risks associated with male infertility.
 3. Evaluate and apply the new vasectomy reversal techniques to their practice. ☒

SSMR 2011 Annual Meeting
Program Schedule

**“Politics as Usual? New WHO Reference Value for
 Semen Analysis & Infertility as a Major Health Issue in Men”**
 Tuesday, May 17, 2011
 Washington, DC
 Grand Hyatt Washington
 Constitution AB
 12:00 p.m. – 5:30 p.m.
 Program Chair: Kirk C. Lo, MD, FRCSC

12:00 p.m. – 1:00 p.m.	Industry Sponsored Lunch Symposium Vasectomy Reversal: Tricks of the Trade Chair: <i>Sheldon F. Marks, MD</i>
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1:00 p.m. – 1:10 p.m.	Introduction Kirk C. Lo, MD, FRCSC
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WHO Controversy

1:10 p.m. – 1:35 p.m.	WHO 2010 Reference Values for Human Semen Characteristics (How did we come up with this?) Christina Wang, MD
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1:35 p.m. – 2:00 p.m. **Critique of the New WHO Reference Values**
(How will the values affect our practice?)
Paul J. Turek, MD

2:00 p.m. – 2:25 p.m. **Discussion/Q&A**

2:20 p.m. – 2:40 p.m. **Break**

Infertility & Men's Health

2:40 p.m. – 3:00 p.m. **THE SCIENCE:**
Genetic Abnormalities Leading to Malignancy and Other Men's Health Issues: Risk of Genetic Inheritance from Male Infertility
Peter N. Schlegel, MD

3:00 p.m. – 3:20 p.m. **THE FACTS:**
A Red Flag for Major Health Issues in Men
(Limitations of current information – is there a need for better databases?)
James F. Smith, MD, MS

3:20 p.m. – 3:40 p.m. **THE FUTURE:**
The Role of the CDC/Government in Male Reproductive Health
Lee Warner, PhD (CDC)

3:40 p.m. – 4:00 p.m. **Infertility Service Coverage – the Massachusetts Experience**
Robert D. Oates, MD

4:00 p.m. – 4:10 p.m. **Discussion/Q&A**

Debate – Best Technique for Vasectomy Reversal

4:10 p.m. – 4:20 p.m. **Robotic Assisted Microsurgery for Male Infertility – Show Me the Data**
Sijo J. Parekattil, MD

4:20 p.m. – 4:30 p.m. **Mini-incision Vasectomy Reversal**
Keith A. Jarvi, MD

4:30 p.m. – 4:40 p.m. **True and Tested Vasovasostomy Technique – Why All the Fuss?**
Marc Goldstein, MD

4:40 p.m. – 5:00 p.m. **Discussion/Q&A**

5:00 p.m. – 5:30 p.m. **Annual Business Meeting ☼**



The Society for the Study of Male Reproduction encourages you to distribute the Membership Application to any potential candidates for SSMR membership.

SSMR Application for Membership

I am applying for:

ACTIVE MEMBERSHIP \$100.00 USD (Annual Dues / Application Fee)

◆ Pays full dues and has voting privileges. *Qualifications: Individuals interested in male reproductive health with 1) At least 20% of clinical practice or research effort must be in the area of fertility; or 2) At least 3 months of basic or clinical training in male reproductive surgery or medicine; or 3) Demonstrated an interest in male reproduction by attending 3 SSMR meetings, or 2 SSMR meetings and a subject-oriented seminar dealing with infertility sponsored by the AUA (completed within a 5-year period)*

RESIDENT/FELLOW/POSTDOCTORAL STUDENT MEMBERSHIP

◆ Dues waived and may not vote. *Additional Qualification: Letter of recommendation from program director required.*

Name: _____ Gender M or F

Degree(s): _____ Preferred Mailing Address Office Home

Office Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____ Fax: _____

Email: _____ Date of Birth: _____

Post Graduate Training

Internship _____

Residency _____

Fellowship _____

Board Certification _____ Date _____

Signature of Applicant _____ Date _____

Payment Information

Check (Payable to: Society for the Study Male Reproduction)

Credit card: Visa or Mastercard

Card Number _____

CVV # _____

Expiration Date _____

Name on Card _____

Cardholder's Signature _____

Please forward application and fee/dues to:

Society for the Study of Male Reproduction

Membership Department

Two Woodfield Lake

1100 East Woodfield Road, Suite 520

Schaumburg, IL 60173

Phone: (847) 517-7225 ◆ Fax: (847) 517-7229

Email: info@ssmr.org



Register for the banquet quickly and easily online at www.ssmr.org

You are invited to attend the 2011 SSMR Annual Banquet

Tuesday, May 17, 2011
Clyde's
The Piedmont Room
707 7th Street NW
Washington, DC 20001

Clyde's of Gallery Place opened in 2005 in the heart of Washington's Chinatown and the revitalized areas of Penn Quarter. It quickly became a favorite for Shakespeare and Ford's theatergoers, Verizon Center players and fans, residents and tourists alike. And there is a menu for every palate and show time.

The grand Victorian saloon recalls Hong Kong's Empire-era opulence and celebrates the sporting life in an impressive collection bronze sculpture and oil paintings. The two-level restaurant comprises four bars, five dining rooms and a private dining room.

Cocktails: 7:00 p.m. Dinner: 8:15 p.m.

If you have any dietary needs, please contact the SSMR office at (847) 517-7225 prior to April 29, 2011.

Casual attire is appropriate.

of people attending _____ x \$80.00 per person = \$ _____ (on and before April 29, 2011)

of people attending _____ x \$90.00 per person = \$ _____ (after April 29, 2011)

Name: _____ Spouse/Guest: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Method of Payment:

- Check (payable to the SSMR) Visa MasterCard

Credit Card Number: _____ Expiration Date: _____ CVV#: _____

Name on Card: _____

Billing Address: _____

Signature of Card Holder: _____

Please return this form to the SSMR office no later than April 29, 2011.



SSMR
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ADDRESS SERVICE REQUESTED

Mark Your Calendars!

Online Voting for SSMR Leadership

From February 15 – April 15, you will be able to vote for the 2011 – 2012 open SSMR leadership positions on line at www.ssmr.org.

Exercise your RIGHT TO VOTE!

36th ASA Annual Meeting

April 2 – 5, 2011
Hyatt Regency Montreal
Montreal, Canada

XXI North American Testis Workshop

March 30 – April 2, 2011

Andrology Lab Workshop

April 2 – 3, 2011

ASA Special Symposium

April 2, 2011

SSMR Annual Meeting at the AUA Annual Meeting

Tuesday, May 17, 2011
Washington, DC
Grand Hyatt Washington

The Society for the Study of Male Reproduction
(SSMR)

encourages organizations and individuals to link to
www.ssmr.org.

Society for the Study of Male Reproduction

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