

Session Abstract (for session chairs only)

Bays, Boundaries, and Borders
SfAA 72nd Annual Meeting, March 28-31, 2012 • Baltimore, MD
DUE OCTOBER 15, 2011

PLEASE CONSIDER THIS ABSTRACT FOR A SESSION SPONSORED BY:

SfAA PESO SMA CONAA

Author Name: _____

Co-Author(s) Name(s): _____

Affiliation(s): _____

Session Title: _____

E-mail: _____

_____ Yes, you may include my email address with my abstract in the printed program.

_____ No, you may not include my email address in the printed program.

ABSTRACT (100 words) FORMAT: LAST NAME, First Name (Affiliation) Title. Abstract.

_____ I have included a CD with my session abstract in a Word file.

Participants: Each participant must register and submit a paper abstract. Each paper will be allotted approximately 20 minutes. Sessions may include no more than 5 papers or they will become double sessions. For double sessions, please complete this form twice, and indicate in the session title Part I or Part II. (Larger sessions will be split.)

1. Name _____

1. Paper Title _____

2. Name _____

2. Paper Title _____

3. Name _____

3. Paper Title _____

4. Name _____

4. Paper Title _____

5. Name _____

5. Paper Title _____

1. Discussant Name _____

2. Discussant Name _____

An LCD projector and screen will be provided for all sessions at no charge.

Send completed form and abstract on CD as a Word file to: SfAA, PO Box 2436, Oklahoma City, OK 73101-2436. DO NOT send abstracts via fax.

Paper/Poster/Workshop/Video Abstract

Bays, Boundaries, and Borders
SfAA 72nd Annual Meeting, March 28-31, 2012 • Baltimore, MD
DUE OCTOBER 15, 2012

PLEASE CONSIDER THIS ABSTRACT FOR A SESSION SPONSORED BY:

SfAA PESO SMA CONAA

Author Name: _____

Affiliation(s): _____

Co-Author(s)
Name(s): _____

Affiliation(s): _____

Type of Submission (circle one): Paper / Poster / Workshop / Video

Title: _____

If this submission is part of an organized session, you must include the following information:

Session Title: _____

Session Organizer: _____

Registration payment must be received before abstracts will be considered. **Abstracts submitted in completed format and according to directions will be reviewed immediately.**

_____ Yes, you may include my email address with my abstract in the printed program.

_____ No, you may not include my email address in the printed program.

KEY WORDS: Please provide up to 3 key words for your abstract.

Key Word 1: _____ Key Word 2: _____ Key Word 3: _____

ABSTRACT (100 words) FORMAT: **LAST NAME, First Name** (Affiliation) *Title*. Abstract.

_____ I have included a CD with my paper/poster/workshop abstract in a Word file.

An LCD projector and screen will be provided for all sessions at no charge.
Send completed form and abstract on CD as a Word file to: SfAA, PO Box 2436, Oklahoma City, OK 73101-2436. DO NOT send abstracts via fax.