## **ASOR ANNUAL MEETING 201)**

## **New Member-Organized Session / Workshop Proposal Form**

Submission deadline: December 15, 201(

|  |                      |                                    | •                       |                        |    |
|--|----------------------|------------------------------------|-------------------------|------------------------|----|
| This proposal is for:<br>New Member-Orgar<br>New Workshop Sess                     |                      |                                    | Today's Date:           |                        |    |
| Proposed Name of the Se  | ssion or Work        | kshop:                             |                         |                        |    |
| Session / Workshop Lengt<br>Single Session for 20<br>If multiple sessions, specify | 01)                  | 201)                               | 20#*                    | 201+                   |    |
| Aims of the Session or Wo  | <b>orkshop</b> (max  | 200 words) fFa                     | TWbgT1[eZVV a`          | 3EADi WTe[fW[XSUUWbfV] | ľž |
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|  |                      |                                    |                         |                        |    |
|  |                      |                                    |                         |                        |    |
| Contact Information for S<br>Last Name:<br>Institutional Affiliation:<br>Address:  | ession or Wo         | <b>rkshop Chair</b> (*<br>st Name: | please attach CV<br>Ä   | )<br>⁄liddle Initial:  |    |
| City:<br>Tel. (Home):<br>Email:  | State<br>Tel. (Work) | e/Province:<br>:                   | Zip/Postal:<br>Country: |                        |    |

<sup>\*</sup> **NOTE:** Attachments may be sent as follows: 1) under the "Document" menu in Adobe, click on "Attach File" and follow the necessary steps; OR 2) send documents as additional attachments with email.

| Contact Information for Se<br>Last Name:<br>Institutional Affiliation:<br>Address:  | ession Co-Chairs: (if applicab<br>First Name: | ole) / *please attach CV(s)<br>Middle Initial:  |  |  |  |  |
|---|---|---|--|--|--|--|
| City:<br>Tel. (Home):<br>Email:   | State/Province:<br>Tel. (Work):               | Á₩Zip/Postal:<br>Á₩Country:                     |  |  |  |  |
| Tentative List of Speakers<br>Last Name:<br>Institutional Affiliation:<br>Proposed Paper Title:   | for the First Year (first auth<br>Æirst Name: | ors only): //////////////////////////////////// |  |  |  |  |
| Last Name:<br>Institutional Affiliation:<br>Proposed Paper Title:   | Ærirst Name:                                  | //////////////////////////////////////          |  |  |  |  |
| Last Name:<br>Institutional Affiliation:<br>Proposed Paper Title:   | Ærirst Name:                                  | //////////////////////////////////////          |  |  |  |  |
| Last Name:<br>Institutional Affiliation:<br>Proposed Paper Title:   | Á√First Name:                                 | //////////////////////////////////////          |  |  |  |  |
| Last Name:<br>Institutional Affiliation:<br>Proposed Paper Title:   | Á√First Name:                                 | //////////////////////////////////////          |  |  |  |  |
| Last Name:<br>Institutional Affiliation:<br>Proposed Paper Title:   | Ærirst Name:                                  | //////////////////////////////////////          |  |  |  |  |
| If session or workshop is accepted, I and my co-chairs (if applicable) commit myself (or ourselves ) to serve as the liason(s) with the Program Committee, to coordinate the session's annual program, and to keep appropriate records:  Yes No   |   |   |  |  |  |  |
| I and my co-chairs (if applicable) have reviewed the <b>Instructions for Session Chairs</b> on the ASOR Annual Meeting web page that familiarizes session chairs with instructions for final submission of materials and the information that will be needed from the presenters and chairs:  Yes  No |   |   |  |  |  |  |

Please save this form, then attach it to an email and send it to 9¼ X7\_ TWI Y Sf geoffe@umich.edu S`V 3dW WBd/ Sf asormtgs@bu.edu.