Revitalizing Applied Anthropology  
Society for Applied Anthropology 85th Annual Meeting  
March 25-29, 2025  
Hilton Portland Downtown ➼ Portland, OR

DO NOT USE THIS FORM IF YOU HAVE ALREADY SUBMITTED VIA THE WEB SITE.

First Name ___________________________ Last Name ___________________________ Affiliation ___________________________

Address (Please provide a complete and accurate address. All meeting information will be posted to this address.) ___________________________

City ___________________________ State/Province ___________________________ Zip/Postal Code/Country ___________________________

Phone ___________________________ Alternate Phone ___________________________ E-Mail ___________________________

Registration Fees:

**Member**: registration only, does not include membership  
SfAA/AAGE/C&A/CONAA/COPAA/NAPA/NWAC/PESO/SANA/SAS/SCCR/WAPA (Circle One) $ 225

**Student Member**: registration only, does not include membership (proof of current student status required)  
SfAA/AAGE/C&A/CONAA/COPAA/NAPA/NWAC/PESO/SANA/SAS/SCCR/WAPA (Circle One) $ 90

**Non-member** $ 290

**Student Non-member** (Proof of current student enrollment MUST accompany this form): $ 110

If you have NEVER been a member of SfAA, you have the option of registering for the meeting AND joining the Society at a discounted price. This option is available ONLY to persons who have NEVER been an SfAA member.  
Registration and **NEW** Regular Membership (2024): $ 335  
Registration and **NEW** Student Membership (2024): $ 140

Please enclose check payable to SfAA and mail to PO Box 2436, Oklahoma City, OK 73101-2436. All payments via check must be made in **U.S. dollars** drawn on US banks, properly encoded for the Federal Reserve System.

Please complete the following for credit card payments:

Card Number: ______ ______ ______ ______ - ______ ______ ______ ______ - ______ ______ ______ ______ - ______ ______ ______ ______

Expiration Date: ______ / ______

Signature: ____________________________________________________________

Print Name: __________________________________________________________

Refund Policy: Full refund less $15 processing charge can be made up to December 31, 2024. No refund requests can be honored after January 1, 2025.
Session Abstract (for session chairs only)
Revitalizing Applied Anthropology
85th Annual Meeting  ◆ March 25-29, 2025  ◆ Hilton Portland Downtown  ◆ Portland, OR
DUE OCTOBER 15, 2024

PLEASE CONSIDER THIS ABSTRACT FOR A SESSION SPONSORED BY:

- SfAA  - AAGE  - C&A  - CONAA  - COPAA  - NAPA  - NWAC  - PESO  - SANA  - SAS  - SCCR

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.

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 to: SfAA, PO Box 2436, Oklahoma City, OK 73112 and abstract to: info@appliedanthro.org
Paper/Poster/Workshop/Video Abstract
Revitalizing Applied Anthropology
85th Annual Meeting ❖ March 25-29, 2025 ❖ Hilton Portland Downtown ❖ Portland, OR
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- PESO
- SANA
- SAS
- SCCR

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.

TOPIC: Please provide up to 3 topics for your abstract.
Topic 1: ____________________  Topic 2: ____________________  Topic 3: ____________________

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

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