



The Revolutionary Potential of the Social Sciences: Transforming Possibilities
 Society for Applied Anthropology 82nd Annual Meeting
 March 22-26, 2022 ❖ Sheraton Salt Lake City Hotel ❖ Salt Lake City, UT

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/C&A/CONAA/EPIC/NAPA/PESO/SAS/SDS/SMA/SoE (Circle One) \$ 170 _____

Student Member: registration only, does not include membership (proof of current student status required)
 SfAA/C&A/CONAA/EPIC/NAPA/PESO/SAS/SDS/SMA/SoE (Circle One) \$80 _____

Non-member \$205 _____

Student Non-member (Proof of current student enrollment MUST accompany this form): \$100 _____

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 (2021): \$265
 Registration and **NEW** Student Membership (2021): \$120

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, 2021. No refund requests can be honored after January 1, 2022.

Session Abstract (for session chairs only)

The Revolutionary Potential of the Social Sciences: Transforming Possibilities
82nd Annual Meeting ❖ March 22-26, 2022 ❖ Sheraton Salt Lake City Hotel ❖ Salt Lake City, UT
DUE OCTOBER 15, 2021

PLEASE CONSIDER THIS ABSTRACT FOR A SESSION SPONSORED BY:

SfAA C&A CONAA EPIC NAPA PESO SAS SDS SMA SoE

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

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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.

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

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