



Applied Anthropology at a Crossroad
 Society for Applied Anthropology 83rd Annual Meeting
 March 28-April 1, 2023
 Hilton Cincinnati Netherland Plaza Hotel ❖ Cincinnati, OH

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/AAN/C&A/CONAA/EPIC/NAPA/PESO/SAS/SDS (Circle One) \$ 225 _____

Student Member: registration only, does not include membership (proof of current student status required)
 SfAA/AAN/C&A/CONAA/EPIC/NAPA/PESO/SAS/SDS (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 (2023): \$320

Registration and **NEW** Student Membership (2023): \$130

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, 2022. No refund requests can be honored after January 1, 2023.

Session Abstract (for session chairs only)

Applied Anthropology at a Crossroad

83rd Annual Meeting ❖ March 28-April 1, 2023 ❖ Hilton Cincinnati Netherland Plaza Hotel ❖ Cincinnati, OH
DUE OCTOBER 15, 2022

PLEASE CONSIDER THIS ABSTRACT FOR A SESSION SPONSORED BY:

SfAA AAN C&A CONAA EPIC NAPA PESO SAS SDS

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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SfAA AAN C&A CONAA EPIC NAPA PESO SAS SDS

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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