ASOR Annual Meeting 201

New Member-Organized Session / Workshop Proposal Form

Submission deadline: December 15, 201

This proposal is for:

TodayÕs Date:

New Member-Organized Session New Workshop Session

Proposed Name of the Session or Workshop

Contact Information for Se Last Name: Institutional Affiliation: Address:		Chairs: (if applicat rst Name:	ole) / *	please attach C Middle Initial:	:V(s)	
City: Tel. (Home): Email:	St Tel. (Wo	tate/Province: rk):		Zip/Postal: Country:		
Tentative List of Speaker Last Name: Institutional Affiliation: Proposed Paper Title:	T GPS	UIF 'JSTU First Name:	:FB	S GJSTU	BVUIPST POM Middle Initial:	Л
Last Name: Institutional Affiliation: Proposed Paper Title:		First Name:			Middle Initial:	
Last Name: Institutional Affiliation: Proposed Paper Title:		First Name:			Middle Initial:	
Last Name: Institutional Affiliation: Proposed Paper Title:		First Name:			Middle Initial:	
Last Name: Institutional Affiliation: Proposed Paper Title:		First Name:			Middle Initial:	
Last Name: Institutional Affiliation: Proposed Paper Title:		First Name:			Middle Initial:	
If session or workshop is accepted, I and mydrairs (if applicable) commit myself (or ourselves) to serve as the liason(s)ith the Program Committee, to coordinate the session's annual program, and to keep appropriate records: Yes No						
I and my cochairs (if applicable) have reviewed Instructions for Session Chairson the ASOR Annual Meeting web page that familiarizes session chairs with instructions for final subinom 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 (FPGG &NCFSMJOH BUBOE "SMFOF 1SFTT BU asormtgs@bu.edu.