



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

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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.

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