

**Response to Call for Papers  
2019 ACLARS Conference**

Name as it should appear on conference program: \_\_\_\_\_

SURNAME in capitals (Name used for alphabetization): \_\_\_\_\_

Academic or Professional title (e.g. Professor, Dr., Reverend, Commissioner, etc): \_\_\_\_\_  
\_\_\_\_\_

Institutional affiliation and position (e.g. Lecturer, Department of Religion Studies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone - Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

Country of Current Residency: \_\_\_\_\_ Nationality/Passport Country: \_\_\_\_\_

Highest degree(s) obtained and institutions (If pursuing degree, e.g. Ph. D., indicate as a candidate or expect to complete a degree in a particular year): \_\_\_\_\_  
\_\_\_\_\_

Paper Title (25 words maximum): \_\_\_\_\_  
\_\_\_\_\_

Paper Abstract (Abstract of not more than 250 words must fit in following space):

Lead Author: \_\_\_\_\_

Single or Joint Presentation (Assumes independent funding for second presenter): \_\_\_\_\_

Co-Authors/Presenters? \_\_\_\_\_

Do you have independent funding? Yes      No

Are you submitting other proposals? Yes      No      Title(s): \_\_\_\_\_

To have your abstract reviewed, this form must be **completed + submitted to [secretariat@aclars.org](mailto:secretariat@aclars.org) by September 30, 2018.**