

**Response to Call for Papers
2018 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 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

To have your abstract reviewed, this form must be **completed + submitted to secretariat@aclars.org by September 30, 2017.**