

SHA 2012 Conference on Historical & Underwater Archaeology  
Baltimore, Maryland  
January 4-8, 2012



**Form 1: Abstract Submittal Form**

Please also complete Forms 2, 3, 4, or 5, as appropriate.  
Submission Deadline: July 10, 2011 (no exceptions)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Program Division (check one):       *Terrestrial Program*                       *Underwater Program*

Submitting as:

Individual Contributor: \_\_\_\_\_ paper \_\_\_\_\_ poster/media display  
(Individual Contributors must also complete Form 2.)

*I am a student and would like my paper to be considered for the Student Paper Prize Competition.*

Symposium Organizer \_\_\_\_\_  
(Symposium Organizers must also complete Form 3.)

Symposium Presenter \_\_\_\_\_  
(Symposium Presenters must also complete Form 4.)

Forum Organizer \_\_\_\_\_  
(Forum Organizers must also complete Form 5.)

**All participants must sign the following:** I have read and, by my signature, subscribe to the SHA Ethics Statement:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send all applicable forms to:  
Society for Historical Archaeology, 9707 Key West Avenue, Suite 100, Rockville, MD 20850 USA  
Email: [hq@sha.org](mailto:hq@sha.org) Phone: 301.990.2454 Fax: 301.990.9771

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**Form 2: Individual Contribution Abstract Submission Form**

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Submission (check one):  Paper (15 min)     Poster/Media Display

Program Division (check one):         Terrestrial Program     Underwater Program

**Abstract Title** (please print): \_\_\_\_\_

**Abstract:** Please submit your abstract (150 words maximum) on a CD-ROM clearly marked with your name and the title of your presentation. Abstracts should be in Microsoft Word format.

**Author 1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

**I am a student member of the SHA and would like my paper to be considered for the Student Paper Prize Competition. Please contact Jamie Brandon at [jbrando@uark.edu](mailto:jbrando@uark.edu) for details about competition requirements.**

**Author 2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

**Author 3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

**Author 4**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Key Words:  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Region: \_\_\_\_\_ Period: \_\_\_\_\_

***All presenters must register at the full conference rate during the regular registration period (October 1 to December 2, 2011). Presenters who fail to register will not be permitted to deliver their papers.***

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**Form 3: Symposium Organizer Submission Form**

Organizer(s): \_\_\_\_\_

Chair(s): \_\_\_\_\_

Sponsor (if any): \_\_\_\_\_

Symposium Title (please print): \_\_\_\_\_

**Abstract:** Please submit your abstract (150 words maximum) on a CD-ROM clearly marked with your name and the title of your presentation. Abstracts should be in Microsoft Word format.

**List of Participants (in order of presentation):**

**Minimum: 4 presenters**

**Minimum: 1 discussant**

1. \_\_\_\_\_  presenter Email: \_\_\_\_\_  
*(required)*

2. \_\_\_\_\_  presenter Email: \_\_\_\_\_  
*(required)*

3. \_\_\_\_\_  presenter Email: \_\_\_\_\_  
*(required)*

4. \_\_\_\_\_  presenter  discussant Email: \_\_\_\_\_  
*(required)*

5. \_\_\_\_\_  presenter  discussant Email: \_\_\_\_\_  
*(required)*

6. \_\_\_\_\_  presenter  discussant Email: \_\_\_\_\_  
*(required)*

7. \_\_\_\_\_  presenter  discussant Email: \_\_\_\_\_  
*(required)*

8. \_\_\_\_\_  presenter  discussant Email: \_\_\_\_\_  
*(required)*

9. \_\_\_\_\_  discussant Email: \_\_\_\_\_  
*(required)*

**Program Division** (check one):       *Terrestrial Program*       *Underwater Program*

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**Form 4: Symposium Presenter Submission Form**

Name: \_\_\_\_\_

Symposium Title: \_\_\_\_\_

Symposium Organizer(s): \_\_\_\_\_

**Program Division** (check one):       *Terrestrial Program*       *Underwater Program*

**Paper Title** (please print): \_\_\_\_\_

**Abstract:** Please submit your abstract (100 words maximum) on a CD-ROM clearly marked with your name and the title of your presentation. Abstracts should be in Microsoft Word format.

**Author 1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

**Author 2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

**Author 3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

**Author 4**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation (Institution/Employer): \_\_\_\_\_ Email: \_\_\_\_\_  
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**Form 5: Forum/Panel Organizer Submission Form**

Forum Organizer(s): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Moderator(s): \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Sponsor (if any): \_\_\_\_\_

**Title** (please print): \_\_\_\_\_

**Abstract:** Please submit your session abstract (150 words maximum) on a CD-ROM clearly marked with your name and the title of your presentation. Abstracts should be in Microsoft Word format.

**Program Division** (check one):       *Terrestrial Program*       *Underwater Program*

**Time Slot Request:**               2 hour               3 hour               4 hour

**List of Panelists: (Maximum 8)**

Panelist 1: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Panelist 2: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Panelist 3: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Panelist 4: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Panelist 5: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Panelist 6: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Panelist 7: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

Panelist 8: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

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