



Allied Social Science Associations 2012 Meetings Special Events Information

Contact Person	
Organization	
Address	
City	
State	
ZIP Code	
Telephone	
Fax	
E-Mail	

Type of Event (Please mark with an X)

Breakfast		Coffee Hour	
Lunch		Board Meeting	
Dinner		Other (Specify)	
Presidential Address		Cocktail Reception	
		<i>(Cocktail Reception can not begin before 6 pm)</i>	

Preferred Date: Jan. 5 (Thur.) _____ Jan. 6 (Fri.) _____ Jan. 7 (Sat.) _____ Jan. 8 (Sun.) _____
Sessions begin on January 6th at 8:00 a.m. and run until 3:00 p.m. on January 8th

Preferred Time: _____ to _____ Invitation Only? YES ____ NO ____

Estimated Total Attendance: _____

Do you want this event listed in the printed program? YES ____ NO ____ *(Date submitted depends on whether it will appear in program)*

If YES, please indicate exact program listing:

Any specific arrangement required? Speaker's table? YES ____ NO ____ Head table? YES ____ NO ____

If so, how many people? _____ Other (specify) _____

Any specific equipment such as: Overhead ____ LCD for PowerPoint ____ Screen ____ Other ____

(Note: Hotels will charge you for these special arrangements)

Please return completed copy of this form by July 15, 2011 to:

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