



SOCIETY OF RESEARCH ON AFRICAN CULTURES

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SORAC 2009 PAPER / PANEL PROPOSAL FORM

Note: This form is **interactive**. It can be typed into and then printed.

MEMBERSHIP STATUS: MEMBER No. _____ NON-MEMBER

Only members can present papers. If you are not currently a member or your membership is due to expire, please renew or apply for membership using our **Membership Application Form**. Special 25% membership fee reduction is applied SORAC 2009 presenters and panelists (see Membership Information at <http://www.sorac.net>).

PERSONAL INFORMATION:

First Name: _____ Middle Initial(s): _____ Last Name: _____
Street Address or Postal Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Home Telephone: _____ Home Fax: _____
Email(s): _____

INSTITUTIONAL AFFILIATION:

Title (Dr., Professor, Program Officer, etc.): _____
Name of the Institution/Company: _____
Department: _____
Street Address or Postal Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Work Telephone: _____ Work Fax: _____
Email(s): _____

PAPER PROPOSAL

Please remember: all panel participants must be members in good standing of SORAC.

PANEL PARTICIPANT? YES NO

IF YES:

NAME OF PANEL:

NAME OF PANEL PRESIDENT:

AUDIOVISUAL EQUIPMENT REQUESTED:

- Overhead Projector
 LCD Projector

PAPER ABSTRACT

Please type abstract within the grey rectangle, which will expand progressively. If space not sufficient, attach additional file.

TITLE:

KEY WORDS:

ABSTRACT (200 Words):

PANEL / ROUNDTABLE PROPOSAL

*Please remember: all panel participants must be members in good standing of SORAC.
Each panel member must submit a separate form paper proposal form if presenting a separate paper*

PANEL CONTACT:

NAME:

EMAIL:

CHAIR NAME *(if different than above)*

EMAIL:

DISCUSSANT NAME *(if different than above)*

EMAIL:

PAPER PRESENTERS: *(a maximum of four per panel)*

1. _____

2. _____

3. _____

4. _____

PANEL ABSTRACT

Please type panel abstract in the grey rectangle, which will expand progressively. If space insufficient, attach additional file.

TITLE:

KEY WORDS:

ABSTRACT (200 Words):

Would you be interested in the following? (Check all that apply)

- Review Papers for the SORAC Journal of African Studies?
- Become a Member of the SORAC Journal of African Studies Editorial Board
- Become a Member of SORAC Advisory/Executive Board
- Not Interested

SPECIALIZATION: (IF ANY. Please describe your area of specialization, including countries of expertise).

I AGREE TO THE DISSEMINATION OF THE ABOVE INFORMATION IN ELECTRONIC AND/OR PRINTED FORM:

SIGNATURE: _____