



Please send this form Sheila Miller at millers@iamb.org or postal mail to IAMB Office, 3010 Medway Street, Silver Spring, MD 20902 USA.

First (Given) Name		Last (Surname, Family) Name		Middle Initials	___ Male ___ Female	
Today is (mm/dd/yy) / /	Academic/Professional Degree (Ph.D., DBA etc)		Position/Title			
Registration Category ___ Member ___ Non-Member ___ Student Member ___ Student Non-Member	Institution			Department		
Institution Address						
City		State		Zip Code	Country	
Telephone Number Office _____ Mobile _____				E-Mail Address (print)		

For Authors

Abstract Number	Preferred Presentation Day (Depends on other scheduling factors) ___ No preference ___ Day 1 ___ Day 2 ___ Day 3										
Subject Area of your paper:	Are you willing to chair or co-chair a session? ___ Yes ___ No.										
<table> <tr> <td>___ International Business</td> <td>___ Technology & Innovation Management</td> </tr> <tr> <td>___ Marketing Management</td> <td>___ Human Resource Management</td> </tr> <tr> <td>___ Organizational Studies</td> <td>___ Management of Social Issues</td> </tr> <tr> <td>___ Strategic Management</td> <td>___ Management Studies</td> </tr> <tr> <td>___ Education Management</td> <td>___ Finance & Accounting</td> </tr> </table>		___ International Business	___ Technology & Innovation Management	___ Marketing Management	___ Human Resource Management	___ Organizational Studies	___ Management of Social Issues	___ Strategic Management	___ Management Studies	___ Education Management	___ Finance & Accounting
___ International Business	___ Technology & Innovation Management										
___ Marketing Management	___ Human Resource Management										
___ Organizational Studies	___ Management of Social Issues										
___ Strategic Management	___ Management Studies										
___ Education Management	___ Finance & Accounting										

In this section, you will need to make your own calculation.

Registration Fee See fees at IAMB.org of the Registration page		\$
Optional	Additional papers authored and presented; \$100 USD each	\$
	Additional pages (over 10) of manuscript; \$8.00 USD each page	\$
	Additional copies of conference program & proceedings; \$20.00 each	\$
TOTAL DUE		\$

Make check payable to IAMB Conference and send to :
IAMB Office
3010 Medway Street
Silver Spring, MD 20902, USA