



AoM/IAoM Conference Submission Form

Name _____

Title

First

Last

Suffix

Organization/University/Company _____

Department _____ Job Title _____

Address: _____

Street Address _____

Address Line 2 _____

City State / Province / Region _____

Postal / Zip Code Country _____

Work Phone () _____ Fax () _____

E-mail Address _____

Home Address _____

Street Address _____

Address Line 2 _____

City State / Province / Region _____

Postal / Zip Code Country _____

Home Cell Phone () _____ Fax () _____

Type of Submission: (brief description) _____

Submission Categories: (Check applicable boxes)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Plenary Sessions | <input type="checkbox"/> Full Length Papers | <input type="checkbox"/> Research-In-Progress Papers | <input type="checkbox"/> Abstracts |
| <input type="checkbox"/> Panels and Symposia | <input type="checkbox"/> Teaching Cases | <input type="checkbox"/> Workshops | <input type="checkbox"/> Presentation Projects |
| <input type="checkbox"/> Demonstration Projects | | | |

Signature _____ Date _____

Mail completed form with payment to:

Association of Management/International Association of Management

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