IAMB

New Orleans Conference 2009

Fax Registration Form

Please fax this form to (011 USA) 301-585-1417 or mail to IAMB Registration, P.O. Box 8220, MD 20907 USA.

First Name	Last Name	Middle Initials	___ Male ___ Female
Date (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 Fax		E-Mail Address	

For Authors

Abstract Number	Preferred Presentation Day (Depends on other scheduling factors) ___ No preference ___ Wednesday ___ Thursday ___ Friday
Subject Area of your paper:	Are you willing to chair or co-chair a session? ___ Yes ___ No.

___ **Organizational Studies** (Org. Behavior, HRM, Conflict & Negotiation and Education & Training)
___ **International Business** (International Business, Cross Cultural and Globalization Outsourcing)
___ **Technology Management** (Innovation and Technology and Research & Operations)
___ **Strategic Management** (Bus. Policy, Outsourcing, Entrepreneurship, Bus. startups and Leadership)
___ **Marketing Management**

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

Registration Fee See fees at IAMB.net on the Registration page of the related conference		$
Optional	Additional papers authored and presented; $100 USD each	$
	Additional pages (over 15) of manuscript; $8.00 USD each page	$
	Additional copies of conference program & proceedings; $20.00 each	$
	TOTAL DUE	**$**

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