

ALAO Committee/Interest Group Workshop/Meeting Proposal

Date: _____

Name of group: _____

Coordinators: _____

Affiliated institution: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Affiliated institution: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Title of workshop/meeting: _____

Brief statement of purpose: _____

Proposed date: _____

Place: _____

Number of participants expected: _____

Comments: _____

Please send to: ALAO Vice President/Program Committee Chair at least 6 months in advance.

*Make photocopy