



ADDITIONAL MEETINGS CONTRACT

2010 Annual Meeting, Atlanta, GA • November 19–23

Contact Person (for event and billing)		
Company Name		
Address		
City, State/Province, Postal Code, Country		
Telephone	Fax	Email

Instructions

- *Please use a new form for each event.
- *Meeting Fees are \$20 per half hour time slot.
- *Requests received by October 1st will be listed in the Online Program book and the Program Book distributed at the meeting.
- *If you are new to the meeting, please send a short description of your event.

Title of Event or Meeting (PRINT EXACTLY AS IT IS TO APPEAR IN PROGRAM BOOK):

Please indicate the day and time of your event:

- Thu (11/18)
 Fri (11/19)
 Sat (11/20)
 Sun (11/21)
 Mon (11/22)
 Tue (11/23)

Start time: _____ End time: _____

Number of half hour time slots: _____

- Event Type
 Meeting
 Breakfast
 Luncheon
 Dinner
 Reception
 Snack/Break

Estimated Attendance (required for room assignment) _____

Room arrangement

- | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Reception
Assorted tall and short cocktail tables for reception events. | <input type="checkbox"/> Banquet
Round tables with variable number of chairs (8 - 10). |
| <input type="checkbox"/> Theater
Rows of chairs and a center aisle facing the front for a presentation. | <input type="checkbox"/> Conference
Conference table with a variable number of chairs surrounding the entire table. |

Program Book Listing (see instructions)
 basic
 paragraph
 agenda / program
 do not list my event

Food & Beverage Event
 yes
 no

Audiovisual required
 yes
 no

Fees: Sessions will not be placed until fees have been received. Meeting fees are \$20 per half hour time slot.

Total Number of Time Slots _____ x \$20 = _____

Payment Options

- Check** (US Dollars only. Make check payable to Society of Biblical Literature. Indicate payment is for Additional Meeting)
- Charge**
 VISA
 Mastercard
 Amex
 Card # _____ Exp Date _____
- Name on Card _____ Signature _____

IMPORTANT: This is not a binding contract until proper payment is received and this application/contract is accepted. The SBL has the right to void this application/contract if payment is not received or if the SBL declines the additional meeting request. I have read, understood, and accepted all terms and conditions of this application/contract and will abide by the Terms and Provisions accompanying this application/contract.

Signature _____ Print Name _____ Title _____ Date _____

Send contract and payment to: SBL Annual Meeting Additional Meetings, Society of Biblical Literature, The Luce Center, 825 Houston Mill Road, Suite 350, Atlanta, GA 30329, USA. P: 1-877-336-6798 Outside US: +404-727-2315, Fax: 404-727-3101 annualmeeting@sbl-site.org



ADDITIONAL MEETINGS INSTRUCTIONS

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Completing the Additional Meetings Contract

- **ONE EVENT PER FORM:** You may only request space for one event per form. Copy this form as needed. Send only one copy of each request by either fax or mail. Do not both fax and mail the form.
- **EVENT TYPE:** Choosing the event type will help us provide a better arrangement and location for your event.
- **ESTIMATED ATTENDANCE:** Forms will not be accepted without this information. Be as accurate as possible.
- **ROOM ARRANGEMENT:** If no room arrangement is chosen, the SBL reserves the right to choose the arrangement for your event.
- **ROOM PLACEMENT:** Events will be scheduled based on the following dates and deadlines. Events will not be scheduled between these dates.
 - By May 31: confirmations sent by July 30.
 - June 1 - September 1: confirmations sent by September 17.
 - September 2 - October 1: confirmations sent by October 8.
 - October 2 - November 2: confirmations sent by November 10.

Listings in the Annual Meeting Program Book

- You must check the appropriate box on the front of this form if you wish to have your event listed in the Program Book. Program Book Deadline: October 1. If no box is checked, the event will be listed.
- The name of your event, day/date, time and location will be printed. If you wish to provide additional text, see the examples page. No more than 200 words are permitted.

Fees, Payment, and Deadlines

- Fees are assessed per half hour time slot.
- Any event that extends into the next half hour time slot will require reservation of the full time slot.
- Fees charged for scheduling your event are nonrefundable. There will be a \$30 fee for all returned checks.
- After October 1, an additional \$5 per half hour time slot will be added to the fee.
- No contracts will be accepted after November 2.



ADDITIONAL MEETINGS

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Event Listing Examples

Example #1: Basic Listing (default)

AM1

8:00 pm-9:30 pm

Hotel – Room Name

Example #2: Paragraph Listing

AM2

8:00 pm-9:30 pm

Hotel – Room Name

Participants interested in joining together for an entertaining evening can register with Jane Doe, Department of Religious Studies, Anywhere University, Anywhere, USA 11111 (Phone 123-456-7890, or 098-765-4321). Cost for the evening will be \$80 and must be prepaid by October 25, 2010. Meals for the evening are not included.

A bus will be waiting in front of the hotel.

Example #3: Agenda / Program Listing

AM3

8:00 pm-9:30 pm

Hotel – Room Name

8:00 Opening exercise

Jane Doe Presiding

Sally Doe, University of Anywhere

Name of Paper #1 Being Presented

8:30 Panel and Discussion

Roy Doe, Presiding

Name of Paper #2 Being Presented

Panelists:

Walter Doe, Anywhere University

Mary Doe, Anywhere University

Gene Doe, Anywhere University

10:30 Break

10:45 Business Session

Marge Doe, Presiding

11:30 Lunch

For additional information regarding this session, contact Jane Doe at 123-456-7890 or jane@doe.com.