CONFERENCE PAPER SUBMISSION FORM:
Terrorism & Justice—The Balance for Civil Liberties
February 18-20, 2008

Complete and send this form by December 1, 2007, to:
The Institute of Justice & International Studies
300 Humphreys Building,
University of Central Missouri,
Warrensburg, Missouri, 64093 USA
E-mail: cjinst@ucmo.edu
Fax: 660/543-8306

Paper Presentations
Panels consist of two or three presenters of written papers and a panel chair. Presenters make formal presentations of completed works.

Poster Presentations
The poster presentation option is for those who would prefer this format for their presentations. During the conference there will be a dedicated ‘poster session.’ This will be a scheduled time for the poster session that will be exclusively devoted for these presentations. Those presenting posters will be required to place themselves near their poster display for the conference members to come by and converse with the authors of the posters.

Complete Panels
A complete panel consists of the presenters coordinating the arrangement of four papers related to a common theme. The person facilitating the complete panel must include a panel chair, panel title, and full information for the two or three papers which approach the topic. Please use the following form, also please provide information on a separate sheet regarding the title & them of the proposed panel and the individual who will serve as the panel chair.

Title of Submission: _____________________________________________________________

Check one: This is a paper presentation _______ This is a poster presentation _______

Author-1:
Employment Title _____________________________________________________________
First name ___________________________ Last name ___________________________
Affiliation/organization __________________________
Affiliation Dept/Unit __________________________
Phone ___________________________ Fax ___________________________
Email ___________________________
Street Address __________________________
City __________________________ State /Province __________ Postal / Zip Code __________

Author-2:
Employment Title _____________________________________________________________
First name ___________________________ Last name ___________________________
Affiliation/organization __________________________
Affiliation Dept/Unit __________________________
Phone ___________________________ Fax ___________________________
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Street Address __________________________
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For additional authors, use additional forms.
Abstract/Summary: Type (or cut-and-paste) a 150 word abstract/summary for your submission. Additionally please include the author(s) and title, which are also entered above. All submitted attachments must be in Microsoft Word.