



FULL SESSION PROPOSAL
2009 Meeting of the Missouri Folklore Society
November 5-7, 2009
Boonville, Missouri
Due Date: September 20

Name of Proposer: (contact person)

Institution or Affiliation: (as appropriate)

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Session Title:

Session description of the organizing theme of the session and papers to be presented: (up to 150 words)

Name of Chair:

Institution or affiliation: (as appropriate)

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Please complete page two of this form and send with the Call for Participation.

Name of Presenter 1:

Paper Title:

Institution or affiliation: (as appropriate)

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Brief description of paper:

Name of Presenter 2:

Paper Title:

Institution or affiliation: (as appropriate)

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Brief description of paper:

Name of Presenter 3:

Paper Title:

Institution or affiliation: (as appropriate)

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Brief description of paper:

IF THERE ARE MORE THAN THREE (3) PRESENTERS PLEASE COMPLETE THE SAME INFORMATION FOR EACH.

Complete this form and the Call for Participation. Mail both to:

2009 MFS Program

Brett Rogers

1136 7th Street, Boonville, MO 65233

Questions? Email: brogers@williamwoods.edu