



~Call for Papers~

**Nelson Mandela University
Port Elizabeth, South Africa**

Research Forum and Symposium August 17-26, 2018

Scholars from all disciplines are encouraged to submit an abstract (s). Topics associated with all aspects of globalization, education, social and government issues, health and human services and other universal subjects are welcomed.

Forward Abstracts by May 15, 2018 to:

National Association of African American Studies
PO Box 6670
Scarborough, ME 04070
E-mail: naaasconference@naaas.org
Fax: 207/856-2800

Additional information associated with this particular Research Forum and Symposium, as well as other international learned experiences can be found on the web at www.naaas.org

Program Schedule and Fees

August 17, 2018

- Depart U.S. from a select major hub

August 18, 2018

- Arrive in Durban

August 19-20, 2018

- Tour Durban
- Phoenix Settlement
- Ushaka Park
- Mosque
- Victoria Street Market
- Max's Lifestyle Restaurant

August 21, 2018

- Depart for Port Elizabeth

August 22-24, 2018

- Research conference-Nelson Mandela University

August 25, 2018

- Depart for Johannesburg

August 26, 2018

- Return to U.S.

Research Conference Fee - \$3,450/double; \$3,700/single

The conference registration fee includes:

- Round trip international air travel from a select U.S. major hub
- Round trip domestic travel between Durban and Port Elizabeth
- Accommodations
- Transportation from airport to hotel
- Domestic ground transportation
- Breakfast meals

- Publication of Research
- Tours
- Conference materials
- Travel packet

Application

Legal Name(s) _____ Birth date: _____ Citizenship _____
(as it appears on passport)
Passport # _____ Exp. Date _____

Legal Name(s) _____ Birth date: _____ Citizenship _____
(as it appears on passport)
Passport # _____ Exp. Date _____

Mailing Address: _____

City _____ State _____ Zip _____

E-Mail Address: _____

Home Phone: _____

Work Phone: _____

Emergency Contact Person: _____

Emergency # while away: _____

=====

☐ Check/Money Order ☐ Purchase Order ☐ Visa ☐ Master Card ☐ Discover
☐ American Express

Card Number: _____

Expires: ____ / ____ Amount to be charged: \$ _____

Name on Card: _____ CVV Code: _____ (# on the front/back of card)

Cardholder Address: _____
(If not the same as above)
_____ Zip: _____

Signature: _____

I agree to pay the above amount according to card issuer's agreement. Please make all methods of payment payable to NAAAS & Affiliates.

OR
Make your check payable to **NAAAS & Affiliates**
Mail to: NAAAS & Affiliates
Attn: Lemuel Berry, Jr.
PO Box 6670
Scarborough, ME 04070-6670