



THE SOCIETY OF RHEOLOGY

Annual Meeting Abstract Submission Form

Submission through the web at <http://www.rheology.org/sorabst/> is preferred.

Preferred Session
Title of Paper

Author No. _____ (specify order of author)

Author No. _____ (specify order of author)

Last Name		Last Name	
First Name	Middle Initial	First Name	Middle Initial
Department/Division		Department/Division	
Institution		Institution	
Mailing Address			
City, State	Zip/Postal Code, Country		City, State
Phone	Fax	Phone	Fax
E-mail Address		E-mail Address	
SOR Member <input type="radio"/> Yes <input type="radio"/> No		SOR Member <input type="radio"/> Yes <input type="radio"/> No	

Please attach separate sheet for additional authors. Multiple authors will be listed in the order specified.

Number of Authors	Type of Institutions of Authors (Check all that apply) <input type="checkbox"/> Academic <input type="checkbox"/> Industry <input type="checkbox"/> Government
Name of Speaker	Visual Aid Equipment Needed <input type="checkbox"/> Overhead <input type="checkbox"/> 35 mm Slide <input type="checkbox"/> VHS

➤ Attach an abstract (2000 characters *maximum*) with this form. ◀

Please use Times New Roman or equivalent of at least 12 points.