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Colorado Council of Professional Archaeologists Annual Meeting  
Abstract Form

March 13-16

Durango, Colorado

1. First Author:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Evening Telephone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Institution/Employer (As you wish it to appear in the program)

2. Coauthors:

\_\_\_\_\_  
2<sup>nd</sup> Author

\_\_\_\_\_  
Institution/Employer

\_\_\_\_\_  
3<sup>rd</sup> Author

\_\_\_\_\_  
Institution/Employer

\_\_\_\_\_  
4<sup>th</sup> Author

\_\_\_\_\_  
Institution/Employer

3. Type of Submission

\_\_\_\_\_ 20-minute Contributed Paper

\_\_\_\_\_ 10-minute Research Report

\_\_\_\_\_ 20-minute Student Paper

\_\_\_\_\_ Poster

4. Audiovisual Needs:

\_\_\_\_\_ Slide Projector

\_\_\_\_\_ Overhead Projector

\_\_\_\_\_ Data Projector/Computer

\_\_\_\_\_ Other: \_\_\_\_\_

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## 5. Title of Submission

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## 6. Abstract (200 words maximum)

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7. Mail, fax or email this form by February 15, 2003 to:

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