



SAM International Office:
Society for Advancement of Management
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Faculty Advisor Directory Information

2016/2017 Academic Year

To help us update our records, please complete this form and return it in the enclosed envelope.
(Please type or print)

Campus Name: _____ Chapter Code (see back): _____

Advisor Name: _____

Position Title: _____

Mailing Address: _____

City	State	Zip	Country
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Office Phone: (____) _____ Home Phone: (____) _____

Fax: (____) _____ E-mail: _____

*Helping the students and guiding them to be successful is greatly appreciated.
Thank you for your contributions.*

Chapter Status as of: (please insert date) _____

- _____ We have an active chapter, I expect about ____ members this year.
- _____ Our chapter was inactive, but we plan to activate it this year.
- _____ We plan to send (best guess) _____ members to the SAM International Management Conference
- _____ I plan to attend. _____ I will be unable to attend.
- _____ We plan to participate in the Case Competition: _____ Yes _____ No.
- _____ I would like to serve as a discussant/chair of a session at the annual conference.
- _____ I would like to serve on the *SAM Advanced Management Journal* Editorial Board.
(A copy of my resume is attached).
- _____ My College would be interested in: _____ co-sponsoring the conference, _____ advertising in the
Conference Program book, please send me additional information.
- _____ We do not have a campus chapter, but I would like to continue my membership
(at the special academic rate of \$55.00 per year).
- _____ A check is enclosed.
- _____ Charge my: _____ VISA _____ Master Card
- Credit Card No.: _____ Expiration Date: _____
- Card Holder Signature: _____ Code: _____

We welcome your comments or suggestions.

E-mail: sam@samnational.org

Web Site: www.samnational.org