



FOR ACDA BOARD USE ONLY

Responder:
Respondee:
Title of presentation:
Scheduled on day: Time: Studio/Rm:

Return this form to the Peer Response Coordinator for your conference. Please note and honor the deadline for return of this form.

SERVE AS PEER RESPONDER FORM

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Name:

Institution:

Rank or position:

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Please select Á[ { Á@Á| |[, á \* Áææ Á-Áç]^!ç^Á^Á[~ Á^Á^Á~ æáááá áÁ]á \* Á Áæ•••:~~~~~

Class (disciplines/\*^}!^):

Choreography (\*^}!^):

Performance (-!|Áæ~|ç^Á^!-!|{ á \* Á Áææ&^):

Paper Presentatio}

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provide name/address of person to whom you will submit your response.

By checking this box, I agree to submit a peer response (respondee to be determined) within one month of the close of the conference.

I have read the Guidelines for ACDA Peer Response

I give permission to add my name to the list of responders and am willing to be contacted in future years with requests to serve as a peer responder

Sign or type name:

Date:

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