Modeling Spatial and Network Interdependence in International Relations

Summary Venture Workshop 2018 ISA Annual Convention, San Francisco

Johan A. Elkink, University College Dublin
Kristian Skrede Gleditsch, University of Essex
Oliver Westerwinter, University of St. Gallen

Summary

The workshop was held on Tuesday, April 3, 2018 at the Hilton San Francisco. 17 of the 24 scholars involved in the project attended the meeting. In total, 16 papers were presented.

After a brief introductory session the meeting was launched by a discussion of some overarching topics, questions, and research gaps by two of the workshop organizers (Gleditsch and Elkink). The discussion introduced some basic theoretical and methodological language, raised questions of potential interest for the workshop, and developed potential avenues for a collaborative research endeavor. After the opening discussion, individual papers were presented followed by a brief concluding session (for the detailed workshop agenda, see Annex I). The sessions consisted of brief presentations of the individual papers by assigned discussants and an extended discussion of each individual paper.

Overall, the meeting was characterized by constructive and stimulating discussions. Participants developed considerable theoretical and methodological common ground and explored a range of intriguing research avenues. In particular, many papers significantly overlapped in the theoretical concepts they used while, at the same time, exploring the various approaches that are broadly covered in the existing literature. They covered a range of substantive issue areas, too.

In a summary discussion at the end of the workshop, contributors were encouraged to keep on working on their papers which will then be presented at a second workshop meeting in December 2018.

Follow-up

We are going to organize a follow-up event at the University of St. Gallen, Switzerland, in December 2018. This event will provide the participants with the opportunity to revise and expand their papers based on the fruitful exchanges we had at the ISA workshop and to obtain additional feedback. We are also considering various options for one or more collective publication outputs. The second workshop at the University of St. Gallen will provide a forum for further moving towards the submission of a collective publication.
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Annex I: Workshop agenda

Modeling Spatial and Network Interdependence in International Relations

AGENDA

ISA Venture Workshop, Tuesday 3 April 2018

Room: Yosemite B, Hilton San Francisco Union Square

9-9:20am  Welcome and introduction (Elkink, Gleditsch and Westerwinter)

9:20-9:40am  1 Julian Wucherpfennig, Aya Kachi, Nils-Christian Bormann and Philipp Hunziker: Modeling Spatial and Network Interdependence in International Relations
Discussant: Bruce Desmarais

9:40-10am  2 Johan A. Elkink and Thomas Grund: Bridging statistical network analysis and spatial econometrics: A simulation study
Discussant: Jude Hays

10-10:20am  3 Cassy Dorff, Max Gallop and Minhas Shahryar: Civil Conflict as Network Problem in Nigeria
Discussant: Han Dorussen

10:20-10:50am  Coffee break

10:50-11:10am  4 Kyle Beardsley, David Siegel and co-authors: Hierarchy and the Provision of Order in International Politics: The Self-Organization of Joint-Production Security Communities
Discussant: Emily Ritter

11:10-11:30am  5 Han Dorussen and Andrea Peña Gonzalez: The Reintegration of Xx-combatants and Post-conflict Municipal Crime Levels in Colombia
Discussant: Sara Polo

11:30-11:50am  6 Tobias Böhmelt, Benjamin W. Campbell, Skyler J. Cranmer, Bailey K. Fosdick and Frank W. Marrs: Latent Influence Networks in Global Environmental Politics
Discussant: Aya Kachi

11:50-12:10pm  7 Olga Chyzh, Carla Martinez Machain, Sam Bell, and Mark Nieman: Troop Placement and Major Power Competition
Discussant: Cassy Dorff

12:10-12:30pm  8 John Schoenemann, Boliang Zhu and Bruce Desmarais: The Network of Foreign Direct Investment Flows: Theory and Empirical Analysis
Discussant: Paul Poast
12:30-1:30pm  Lunch
1:30-1:50pm  9 Shahryar Minhas, Peter Hoff, and Michael Ward: Influence Networks  
Discussant: Camber Warren
1:50-2:10pm  10 Zeev Maoz: Lazy Statisticians and the Substantive Determinants of  
Network Effects  
Discussant: Jos Elkink
2:10-2:30pm  11 Kristian Skrede Gleditsch and Michael D. Ward: A Disaggregated  
Approach to Conflict Diffusion  
Discussant: Kyle Beardsley
2:30-2:50pm  12 Jude Hays, Scott Cook and Robert J. Franzese: Model Specification and  
Spatial Interdependence  
Discussant: Elizabeth Menninga
2:50-3:10pm  13 Paul Poast: Taking Systemic Theory Seriously  
Discussant: Zeev Maoz
3:10-3:30pm  14 Sara Polo and Julian Wucherpfennig: Refugees and the Spread of  
Terrorism: New Data and Analysis  
Discussant: Olga Chyzh
3:30-3:50pm  Coffee break
3:50-4:10pm  15 T. Camber Warren: Networks of Influence: Measuring Internet  
Shutdowns Through Spatio-Temporal Autocorrelation in Social Media  
Traffic  
Discussant: Max Gallop
4:10-4:30pm  16 Elizabeth Menninga and W. Kindred Winecoff: Complex  
Interdependence as a Multiplex Network Phenomenon  
Discussant: Kristian Gleditsch
4:30-4:50pm  Wrap-up
7:30pm  Dinner

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438 Geary St. San Francisco, CA 94102  
(Cross street: Mason & Taylor)  
Phone number: (415) 440-2737  
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**CONFERENCES & WORKSHOPS**

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*Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.*

**Name (First and Last/Family):**

Tobias Boehmelt

**Workshop Title & Dates:**

Modeling Spatial and Network Interdependence in International Relations (Tuesday, April 3, 2018)

**Reimbursement type:**

- Conference Travel Grant
- Professional Development Committee Activity

**Conference Organizer (please specify):**

Workshop

**ISA Membership**

- [ ] I understand that I must be a current ISA member to receive a reimbursement from ISA.
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4125 BALLENTINE DR
AMES IA 50010
UNITED STATES OF AMERICA

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Departure Date: 4/7/2018
Adult/Child: 1/0
Cashier ID: KANG
Room Rate: 189.00

Confirmation Number: 3377713980

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4/6/2018 | SF BUSINESS DISTRICT ASSESSMNT | KANG | 24397873 | | $4.25 | 

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Name (First and Last/Family): Olga Chyzh

Workshop Title & Dates: Modeling Spatial and Network Interdependence in International Relations, April 3, 2018

Reimbursement type:

- [ ] Conference Travel Grant
- [x] Professional Development Committee Activity
- [ ] Conference Organizer (please specify):
  - Workshop

ISA Membership

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Via PayPal:

Email Address (associated with your PayPal account): ochyzh1@gmail.com

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Bruce Desmarais

Workshop Title & Dates:

Modeling Spatial and Network Interdependence in International Relations, 4/3/2018

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[ ] Conference Travel Grant
[ ] Conference Organizer (please specify):
[ ] Professional Development Committee Activity
[ ] Workshop

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Email Address (associated with your PayPal account): bruce.desmarais@gmail.com

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Booked by Emily Ritter
Fri, January 5, 2018
ID: HM4KAFDFCZ

Most Cheerful in Cole Valley
 Entire home/apt hosted by Kay

April 2, 2018 - April 8, 2018
2 adults

$155.00 x 6 nights  $930.00
Cleaning fee  $85.00
Service fee  $123.50
Occupancy Taxes  $159.39
Coupon  $0.00

Total  $1297.89

Your total  $648.95
Total split with 1 friend.

Paid with VISA 2733
Fri, January 05, 2018

$648.95
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Name (First and Last/Family): Cassy Dorff

Workshop Title & Dates: Modeling Spatial and Network Interdependence in International Relations

Reimbursement type:

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Conference Organizer (please specify):

X Workshop

ISA Membership

[X] I understand that I must be a current ISA member to receive a reimbursement from ISA.

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<th>Receipt Number 2</th>
<th>Receipt Number 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: Airbnb</td>
<td>Company Name:</td>
<td>Company Name:</td>
</tr>
<tr>
<td>Type: Room__  Food__ Transportation Other (specify): <em><strong>One night of airbnb</strong></em>__</td>
<td>Type: Room__  Food__ Transportation Other (specify):</td>
<td>Type: Room__  Food__ Transportation Other (specify):</td>
</tr>
<tr>
<td>Amount: ___114.16</td>
<td>Amount: ___114.16</td>
<td>Amount: __________________________</td>
</tr>
<tr>
<td>Currency: <strong>USD</strong>________</td>
<td>Currency: __________</td>
<td>Currency: __________________________</td>
</tr>
<tr>
<td>Payment Type: <em><strong>Cash</strong></em> Credit Card X Check___</td>
<td>Payment Type: <em><strong>Cash</strong></em> Credit Card ___ Check___</td>
<td>Payment Type: <em><strong>Cash</strong></em> Credit Card ___ Check___</td>
</tr>
</tbody>
</table>

Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named “YourLastName_YourFirstName-ReceiptNumber” – coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-02-18</td>
<td>Urban Fee</td>
<td>17.47</td>
<td></td>
</tr>
<tr>
<td>04-03-18</td>
<td>Urban Fee</td>
<td>17.47</td>
<td></td>
</tr>
<tr>
<td>04-04-18</td>
<td>Urban Fee</td>
<td>17.47</td>
<td></td>
</tr>
<tr>
<td>04-05-18</td>
<td>Urban Fee</td>
<td>17.47</td>
<td></td>
</tr>
<tr>
<td>04-06-18</td>
<td>Urban Fee</td>
<td>17.47</td>
<td></td>
</tr>
<tr>
<td>04-07-18</td>
<td>Mastercard</td>
<td></td>
<td>87.35</td>
</tr>
<tr>
<td>XXXXXXXXXX5390</td>
<td></td>
<td>XX/XX</td>
<td></td>
</tr>
</tbody>
</table>

**Total** | **87.35** | **87.35**

**Balance** | **0.00**

Guest Signature
I agree the room rate and additional charges are correctly stated. Thank you

Hotel Vertigo
940 Sutter St, San Francisco, CA 94109
San Francisco
2 Apr 2018 - 10 Apr 2018 | Itinerary # 7320654321912

This page can be used as an E-Ticket.

Before travelling, print a copy of your itinerary and take it with you!

Important Information

- To manage your booking or check in online (where available) please visit our Manage my Flight page, select your airline and use the booking reference provided below.
- All passengers travelling to the US must provide valid travel documents and details of their full US destination address for US Immigration.
- Proof of citizenship is required for international travel. Be sure to bring all necessary documentation (e.g. passport, visa, transit permit). To learn more, visit our Visa and Passport page. For local destination and health advice, check the Foreign and Commonwealth Office website.
- If your plans change and you need to change or cancel your booking (subject to the applicable Rules & Restrictions below) please call us at 0330 123 1235
- Congratulations! Your booking is financially protected by the Civil Aviation Authority (under Expedia, Inc.’s ATOL number 5788). Please see our general terms and conditions for further details on ATOL protection.

Price Summary

<table>
<thead>
<tr>
<th>Flight + Hotel</th>
<th>£1,135.81</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Price</td>
<td>£1,135.81</td>
</tr>
</tbody>
</table>

All prices include taxes & fees and are quoted in British pounds sterling.

London (LHR) → San Francisco (SFO)
2 Apr 2018 - 10 Apr 2018 , 1 return ticket

We hope you had a great trip. Thank you for choosing Expedia for your travel reservations.

Traveller Information

Additional Flight Services

- The airline may charge additional
Hendrikus Peter Dorussen
Adult

United Mileage Plus
HK YK374506
Ticket #
0165117549130

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

2 Apr 2018 - Departure Direct
Total travel time: 11 h 5 m

Expedia Special Fare

London
SFO
United 949
Economy (K) | Seat 37H | Confirm or change seats with the airline*

9 Apr 2018 - Return Direct
Total travel time: 10 h 35 m

Expedia Special Fare

San Francisco
London
United 930
Economy (K) | Seat 35H | Confirm or change seats with the airline*

Airline Rules & Regulations

- We understand that sometimes plans change. In case of change or cancellation, you may also need to pay us an administration fee in addition to any fee or fare difference charged by the airline.
- Tickets are non-refundable, non-transferable and name changes are not allowed.
- Please read important information regarding airline liability limitations Opens in a new window.

Hotel Vertigo
2 Apr 2018 - 7 Apr 2018

This reservation is complete. We hope you had a great trip.

940 Sutter Street, San Francisco, CA, 94109 United States of America
Tel: 1 (415) 885-6800, Fax: 1 (415) 885-2115

Additional Hotel Services

The below fees and deposits only apply if they are not included in your selected room rate.

You'll be asked to pay the following

https://www.expedia.co.uk/itinerary-print?tripid=1c5da5a2-2c0d-4f58-9a64-da8a36067dd3&itineraryNumber=7320654321912
Check-in

- Check-in time starts at 3 PM
- Check-in time ends at midnight
- Your room/unit will be guaranteed for late arrival.

Important Hotel Information

Although Expedia does not charge a fee to change or cancel your booking, Hotel Vertigo may still charge a fee in accordance with its own rules & regulations.

- Cancellations or changes made after 16:00 (Pacific Daylight Time (US & Canada); Tijuana) on 1 Apr 2018 or no-shows are subject to a property fee equal to the first nights rate plus taxes and fees.
- Prices and hotel availability are not guaranteed until full payment is received. If you would like to book multiple rooms, you must use a different name for each room. Otherwise, the duplicate reservation will be canceled by the hotel.
- View your online itinerary for additional rules and restrictions.

Room

Traditional Room, 1 Queen Bed (Petite)

Includes: Free Wireless Internet

Confirmation #:

EXP-964534407

Reserved for: Hendrikus Peter Dorussen

1 adult

Requests:

1 queen bed, non-smoking room

Need help with your reservation?

- Visit our Customer Support page.
- Call us at 0330 123 1235
- For faster service, mention itinerary #7320654321912

Charges at the property:

- Deposit: USD 250.00 per stay
- Resort fee: USD 17.46 per accommodation, per night

The resort fee includes:

- Fitness centre access
- Business centre/computer access
- Internet access
- Phone calls
- In-room coffee

We have included all charges provided to us by the property. However, charges can vary, for example, based on length of stay or the room you book.

The price shown above DOES NOT include any applicable hotel service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The hotel will assess these fees, charges, and surcharges upon check-out.
REIMBURSEMENT FORM
CONFERENCES & WORKSHOPS

PLEASE FILL OUT THE FOLLOWING:

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

Name (First and Last/Family): Han Dorussen

Workshop Title & Dates: Modeling Spatial and Network Interdependence in International Relations; April 3, 2018

Reimbursement type:

- Conference Travel Grant
- Professional Development Committee Activity

Conference Organizer (please specify):

- Workshop

ISA Membership

- I understand that I must be a current ISA member to receive a reimbursement from ISA.
- I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

Via PayPal:

Email Address (associated with your PayPal account): hdorus@essex.ac.uk

Receipts:

<table>
<thead>
<tr>
<th>Receipt Number 1</th>
<th>Receipt Number 2</th>
<th>Receipt Number 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Company Name:</td>
<td>Company Name:</td>
</tr>
<tr>
<td>Hotel Vertigo, 940 Sutter Street, San Francisco, USA</td>
<td>Hotel Vertigo, 940 Sutter Street, San Francisco, USA</td>
<td>Room</td>
</tr>
<tr>
<td>Type:</td>
<td>Type:</td>
<td>Type:</td>
</tr>
<tr>
<td>Room x Food x Transportation x Other (specify):</td>
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<td>Amount: 34.94</td>
<td>Amount: 216</td>
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</tr>
<tr>
<td>Currency: USD</td>
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<td>Payment Type:</td>
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<tr>
<td>Cash x Credit Card</td>
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<td>Cash x Credit Card</td>
</tr>
</tbody>
</table>

Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named “YourLastName_YourFirstName-ReceiptNumber” — coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
Number 615859

Max Gallop
24 Woodcroft Ave 1/2
730 Plankinton Ave 8b
Glasgow, SC G11 7HY
United States
44749-108-8855

Name Max Gallop

Arrival Date 4/2/2018

Booking Number: 376341367

Departure Date 4/4/2018

International Studies Assn

Room Information 451 - Historic King

Gallop, Max
24 Woodcroft Ave 1/2
730 Plankinton Ave 8b
Glasgow, SC G11 7HY
44749-108-8855

Number 770194

<table>
<thead>
<tr>
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<th>Description</th>
<th>Voucher</th>
<th>Amount</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>8</td>
<td>Room Tax</td>
<td>his-451</td>
<td>25.76</td>
</tr>
<tr>
<td>8</td>
<td>Tourism District Assessment</td>
<td>his-451</td>
<td>1.84</td>
</tr>
<tr>
<td>8</td>
<td>Moscone Expansion District</td>
<td>his-451</td>
<td>2.30</td>
</tr>
<tr>
<td>8</td>
<td>California Tourism Assessment</td>
<td>his-451</td>
<td>0.37</td>
</tr>
<tr>
<td>8</td>
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<td>his-451</td>
<td>184.00</td>
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<td>8</td>
<td>Room Tax</td>
<td>his-451</td>
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<td>8</td>
<td>Moscone Expansion District</td>
<td>his-451</td>
<td>2.30</td>
</tr>
<tr>
<td>8</td>
<td>California Tourism Assessment</td>
<td>his-451</td>
<td>0.37</td>
</tr>
</tbody>
</table>

Total Charges 428.54
Balance Due: 428.54

I hereby agree that the goods and/or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I agree to perform the obligations set forth in the cardholder’s agreement with the issuer.

Signature:
Please fill out the following:

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

Name (First and Last/Family): Max Gallop

Workshop Title & Dates: Modeling Spatial and Network Interdependence in International Relations

Reimbursement type: [ ] Conference Travel Grant [ ] Professional Development Committee Activity [ ] Conference Organizer (please specify): Workshop

ISA Membership

- [ ] I understand that I must be a current ISA member to receive a reimbursement from ISA.
- [ ] I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

Via PayPal:

Email Address (associated with your PayPal account): max.gallop@strath.ac.uk

Receipts:

<table>
<thead>
<tr>
<th>Receipt Number 1</th>
<th>Receipt Number 2</th>
<th>Receipt Number 3</th>
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</thead>
<tbody>
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<td>Company Name:</td>
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<td>Company Name:</td>
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<tr>
<td>Type:</td>
<td>Type:</td>
<td>Type:</td>
</tr>
<tr>
<td>Room__Food__</td>
<td>Room__Food__</td>
<td>Room__Food__</td>
</tr>
<tr>
<td>Transportation__</td>
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<td>Other (specify):</td>
<td>Other (specify):</td>
</tr>
<tr>
<td>________________</td>
<td>________________</td>
<td>________________</td>
</tr>
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<td>Payment Type:</td>
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<td>Cash Credit Card__Check__</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DATE</th>
<th>REFERENCE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
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<td>**************1008</td>
<td>($250.37)</td>
</tr>
<tr>
<td>04/02/18</td>
<td>24381749</td>
<td>*HERB N KITCHEN</td>
<td>$28.12</td>
</tr>
<tr>
<td>04/02/18</td>
<td>24382031</td>
<td>GUEST ROOM</td>
<td>$215.00</td>
</tr>
<tr>
<td>04/02/18</td>
<td>24382031</td>
<td>CALIFORNIA TOURISM TAX</td>
<td>$0.43</td>
</tr>
<tr>
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<td>24382031</td>
<td>CITY OCCUPANCY TAX</td>
<td>$30.10</td>
</tr>
<tr>
<td>04/02/18</td>
<td>24382031</td>
<td>SF BUSINESS DISTRICT ASSESSMNT TAX</td>
<td>$4.84</td>
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<tr>
<td>04/03/18</td>
<td>24385506</td>
<td>GUEST ROOM</td>
<td>$215.00</td>
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<td>GUEST ROOM</td>
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<td>04/04/18</td>
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<td>CALIFORNIA TOURISM TAX</td>
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<td>$30.10</td>
</tr>
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<td>SF BUSINESS DISTRICT ASSESSMNT TAX</td>
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</tr>
<tr>
<td>04/05/18</td>
<td>24392569</td>
<td>**************1008</td>
<td>($528.86)</td>
</tr>
</tbody>
</table>

** BALANCE ** $0.00

The on-line eFolio is a courtesy informational service, subject to Privacy Policy and Site Usage; actual folio kept in hotel records.
<table>
<thead>
<tr>
<th>DATE</th>
<th>REFERENCE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>** BALANCE **</td>
<td></td>
<td>** $0.00 **</td>
</tr>
</tbody>
</table>

The on-line eFolio is a courtesy informational service, subject to Privacy Policy and Site Usage; actual folio kept in hotel records.
# REIMBURSEMENT FORM

## CONFERENCES & WORKSHOPS

**PLEASE FILL OUT THE FOLLOWING:**

*Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.*

### Name (First and Last/Family):

Jude Hays

### Workshop Title & Dates:

Modeling Spatial and Network Interdependence in International Relations, April 3, 2018.

### Reimbursement type:

<table>
<thead>
<tr>
<th></th>
<th>Conference Travel Grant</th>
<th>Professional Development Committee Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ISA Membership

- [x] I understand that I must be a current ISA member to receive a reimbursement from ISA.
- [ ] I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

### Via PayPal:

**Email Address** (associated with your PayPal account):  jude.hays@gmail.com

### Receipts:

<table>
<thead>
<tr>
<th>Receipt Number 1</th>
<th>Receipt Number 2</th>
<th>Receipt Number 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: Hilton San Francisco</td>
<td>Company Name:</td>
<td>Company Name:</td>
</tr>
<tr>
<td>Type:</td>
<td>Type:</td>
<td>Type:</td>
</tr>
<tr>
<td>Room X Food Transportation Other (specify):</td>
<td>Room Food Transportation Other (specify):</td>
<td>Room Food Transportation Other (specify):</td>
</tr>
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</tr>
<tr>
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<td>Cash Credit Card Check</td>
<td>Cash Credit Card Check</td>
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</tbody>
</table>

*Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named “YourLastName_YourFirstName-ReceiptNumber” – coordinating each to the above listing. Please attach additional pages detailing receipts as needed.*
<table>
<thead>
<tr>
<th>Date</th>
<th>Trans</th>
<th>Room</th>
<th>Comment</th>
<th>Debit</th>
<th>Credit</th>
<th>Balance</th>
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</thead>
<tbody>
<tr>
<td>Apr 2'18</td>
<td>ROOM</td>
<td>512</td>
<td></td>
<td>125.09</td>
<td></td>
<td>125.09</td>
</tr>
<tr>
<td>Apr 2'18</td>
<td>OCC TAX</td>
<td>512</td>
<td></td>
<td>20.33</td>
<td></td>
<td>145.42</td>
</tr>
<tr>
<td>Apr 3'18</td>
<td>ROOM</td>
<td>512</td>
<td></td>
<td>125.09</td>
<td></td>
<td>270.51</td>
</tr>
<tr>
<td>Apr 3'18</td>
<td>OCC TAX</td>
<td>512</td>
<td></td>
<td>20.33</td>
<td></td>
<td>290.84</td>
</tr>
<tr>
<td>Apr 4'18</td>
<td>VISA</td>
<td>512</td>
<td>PAID</td>
<td></td>
<td>290.84</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Balance due at checkout: .............................................. $ 0.00
**PLEASE FILL OUT THE FOLLOWING:**

*Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.*

**Name (First and Last/Family):** Philipp Hunziker

**Workshop Title & Dates:** Modeling Spatial and Network Interdependence in International Relations 04/03/2018

**Reimbursement type:**
- [ ] Conference Travel Grant
- [x] Professional Development Committee Activity

**Conference Organizer (please specify):**

**ISA Membership**

[ ] I understand that I must be a current ISA member to receive a reimbursement from ISA.

[ ] I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

**Via PayPal:**

Email Address (associated with your PayPal account): hunzikp@gmail.com

**Receipts:**

<table>
<thead>
<tr>
<th>Receipt Number 1</th>
<th>Receipt Number 2</th>
<th>Receipt Number 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name:</strong> Beresford Hotel San Francisco</td>
<td><strong>Company Name:</strong></td>
<td><strong>Company Name:</strong></td>
</tr>
<tr>
<td>Type: Room [x] Food [ ] Transportation [ ]</td>
<td>Type: Room [ ] Food [ ] Transportation [ ]</td>
<td>Type: Room [ ] Food [ ] Transportation [ ]</td>
</tr>
<tr>
<td>Other (specify): Room for one night.</td>
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<td>Other (specify):</td>
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<td>Amount:</td>
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<td>Payment Type: [ ] Cash [ ] Credit Card [ ] Check</td>
<td>Payment Type: [ ] Cash [ ] Credit Card [ ] Check</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
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<tr>
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<td>RM OCCUPANCY TAX</td>
<td>JOBU</td>
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<td>4/2/2018</td>
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<tr>
<td>4/2/2018</td>
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**BALANCE** **($214.27)**

$0.00

Hilton Honors® stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 5,000 hotels and resorts in 100 countries, please visit Honors.com

Thank you for choosing Hilton. You'll get more when you book directly with us - more destinations, more points, and more value. Book your next stay at hilton.com.

VS *0392

4/3/2018 612293 A

MAOZ, ZEEV

06752C

-214.27
**PLEASE FILL OUT THE FOLLOWING:**

*Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.*

| Name (First and Last/Family): | Zeev Maoz |
| Workshop Title & Dates: | Modeling Spatial Network Interdependence in International Relations, April 3, 2018 |

**Reimbursement type:**

- [ ] Conference Travel Grant
- [x] Professional Development Committee Activity
- [ ] Conference Organizer *(please specify):* Workshop

**ISA Membership**

- [x] I understand that I must be a current ISA member to receive a reimbursement from ISA.
- [ ] I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement.

**Via PayPal:**

*Email Address (associated with your PayPal account): zmaoz@ucdavis.edu*

**Receipts:**

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Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named “YourLastName_YourFirstName-ReceiptNumber” – coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
**NAME AND ADDRESS:**
MENNINGA, ELIZABETH  
3305 ROCHESTER AVE  
IOWA CITY IA 52245  
UNITED STATES OF AMERICA

**Confirmation Number:** 3420076741

**4/5/2018**

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Thank you for choosing Hilton. You'll get more when you book directly with us - more destinations, more points, and more value. Book your next stay at hilton.com.

**ACCOUNT NO.**  
VS *2026

**CARD MEMBER NAME**  
MENNINGA, ELIZABETH

**ESTABLISHMENT NO. & LOCATION**

**CARD MEMBER'S SIGNATURE**

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.
REIMBURSEMENT FORM
CONFERENCES & WORKSHOPS

PLEASE FILL OUT THE FOLLOWING:

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

Name (First and Last/Family): Elizabeth Meninga 4/3/2018

Workshop Title & Dates: Modeling Spatial & Network Independence

Reimbursement type:

[ ] Conference Travel Grant
[ ] Professional Development Committee Activity

Conference Organizer (please specify):

[ ] Workshop

ISA Membership

☑️ I understand that I must be a current ISA member to receive a reimbursement from ISA.

☑️ I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

Via PayPal:

Email Address (associated with your PayPal account):

Receipts:

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<th>Receipt Number 1</th>
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<td>Type:</td>
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</table>

Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named "YourLastName_YourFirstName-ReceiptNumber"—coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
Your reservation from Apr 2, 2018.

Priceline Trip Number: 184-514-602-74
Confirmation emailed to: hermes829@gmail.com

Hotel Nikko San Francisco ★★★★★

Check-in: Mon Apr 2, 2018 - After 03:00 PM
Check-out: Wed Apr 4, 2018 - 11:00 AM

Address: 222 Mason Street, San Francisco , CA , United States
Phone number: 415-394-1111

Number of rooms: 1 room
Reservation name: Shahryar Minhas
Sleeps Up To 2 Adults
Confirmation number: 214235354

Amenities: 🦼 Indoor Pool 🔒 Non-Smoking 🔫 Gym 🍽 Restaurant 🚶 Handicap Accessible 📚 Business Center

Room type: QUEEN BED - SMOKING OR NONSMOKING ROOM

Hotels may charge for additional guests.

Important Information

Refund and Cancellation Policy
Remember, your Priceline hotel reservation is non-refundable, non-transferable and non-changeable.

Checking-in policy
When you check-in, please present the confirmation number(s) printed above (one for each room) and your photo ID at the Front Desk. In addition, the hotel will require a major credit card to guarantee incidental charges (phone calls, room service, parking, resort fees, energy charges, etc.) that you may incur while staying at the hotel. Should you have a special request, please contact your hotel directly at the number listed above to coordinate your arrangements.

Bedding policy
All rooms will accommodate up to 2 people. Special requests (including preferences for smoking or non-smoking rooms) should be requested through your confirmed hotel and cannot be guaranteed by Priceline.

Bedding choice
Your reservation has been made for the following bed type: Queen Bed - Smoking Or Nonsmoking Room

Summary of Charges / Receipt
Total charged: $494.98

Purchase date: Mar 31, 2018
Payment method: American Express (3002)
Billing name: Shahryar Minhas
Room price: $196.00 avg./night
Number of rooms: 1 room
Number of nights: 2 nights
Room subtotal: $392.00
Taxes & fees: $102.98
Total charged today: $494.98

Savings: You saved 21%*

Prices are in USD.
This itinerary including Summary of Charges is your official receipt.

Need Help?
Show contact methods
Please fill out the following:

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

Name (First and Last/Family): Shahryar Minhas

Workshop Title & Dates: Modeling Spatial and Network Interdependence in International Relations

Reimbursement type:

- Conference Travel Grant
- Professional Development Committee Activity

Conference Organizer (please specify):

X Workshop

ISA Membership

I understand that I must be a current ISA member to receive a reimbursement from ISA.

I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

Via PayPal:

Email Address (associated with your PayPal account): hermes829@gmail.com

Receipts:

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Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named “YourLastName_YourFirstName-ReceiptNumber” – coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
**POAST, PAUL**

5421 S CORNELL AVENUE

UNIT 6

CHICAGO IL  60615

UNITED STATES OF AMERICA

Room No: 2353/D2RC

Arrival Date: 4/2/2018  11:19:00 PM

Departure Date: 4/4/2018  8:22:00 AM

Adult/Child: 1/0

Cashier ID: MAJO

Room Rate: 189.00

AL:

HH #

VAT #

Folio No/Che 602492 A

Confirmation Number: 3429569328

**PARC 55 SAN FRANCISCO A HILTON HOTEL 4/4/2018 8:22:00 AM**

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**BALANCE** $0.00

**CREDIT CARD DETAIL**

APPR CODE 087651

MERCHANT ID 8358009413

CARD NUMBER MC *5928

EXP DATE 10/18

TRANSATION ID 2270617

TRANS TYPE Sale
Please fill out the following:

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

Name (First and Last/Family): Paul Poast

Workshop Title & Dates: Modeling Spatial and Network Interdependence in International Relations. (April 3, 2018)

Reimbursement type:

- [X] Conference Travel Grant
- [ ] Professional Development Committee Activity

Conference Organizer (please specify):

ISA Membership

- [X] I understand that I must be a current ISA member to receive a reimbursement from ISA.
- [ ] I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

Via PayPal:

- [ ] I am not being reimbursed via paypal. I would like to receive a check.

Receipts:

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Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named “YourLastName_YourFirstName-ReceiptNumber” – coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
**Confirmation Number:** 3387770993

**Hilton San Francisco** 4/7/2018 10:38:00 AM

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**"BALANCE"** $0.00

Hilton Honors® stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 5,000 hotels and resorts in 100 countries, please visit Honors.com

Thank you for choosing Hilton. You'll get more when you book directly with us - more destinations, more points, and more value. Book your next stay at hilton.com.
Thank you for choosing SuperShuttle, Sara!

$34.10 Total Charge  Payment Method: Credit Card 4025

Confirmation# 4124347

Pickup Date & Time:
Monday, April 02, 2018 02:45PM

- SFO San Francisco Airport
- Hilton San Francisco 333 O'Farrell St
  SF, CA 94102

https://mail.google.com/mail/u/0/?ui=2&ik=cb36298cb7&jsver=kbHZHnzAQY.it.&view=pt&q=supershuttle&qs=true&search=query&th=162404c4e5e9897a&siml=162
$17.05  Manage Trip

Fare Details
Fare: $17.00
Gratuity: $1.75
Discount: $1.70

Trip Details
Reservation Type: Shared Ride
Wheelchair Accessible? No
Passenger Count: 1
Passenger Name(s): Sara Polo
Phone: 713-413-7743
Bag(s): 1
Flight Details: Monday, April 02, 2018 02:45PM, Domestic Flight: UA

Confirmation#  4124346

Pickup Date & Time:
Saturday, April 07, 2018 12:35PM - 12:50PM

Our 15-minute pick-up window means that the van will normally arrive within 15 minutes of your scheduled pickup time. Please make sure that you are completely ready to go at the beginning of your scheduled pickup time window so that you will not keep other passengers waiting!

- Hilton San Francisco 333 O'Farrell St SF, CA 94102
- SFO - San Francisco Airport

$17.05  Manage Trip

Fare Details
Fare: $17.00
Gratuity: $1.75
Discount: $1.70

**Trip Details**

Reservation Type: Shared Ride  
Wheelchair Accessible? No  
Passenger Count: 1  
Passenger Name(s): Sara Polo  
Phone: 713-413-7743  
Bag(s): 1  

Flight Details: Saturday, April 07, 2018 02:55PM, Domestic Flight: UA

**Special Instructions**

Claim your luggage & exit the terminal through the Arrivals level. For T1 exit door #15, for T2 & International exit door #4, and for T3 exit door #1. Proceed outside to the center island for all terminals. A SuperShuttle representative in a blue jacket will be available on the center island for assistance or you may call 916-648-2508 for dispatch.

We value your safety. Please wear your seatbelt during your ride with us.

[Links for reservation management]

---

Airport rides made simple.

[Social media icons]

Please do not reply to this email.

SuperShuttle International  
14500 N. Northsight Blvd., Ste. 329, Scottsdale, AZ 85260  
All rights reserved. 2018 Privacy | Terms
**PLEASE FILL OUT THE FOLLOWING:**

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

**Name (First and Last/Family):** Sara Polo

**Workshop Title & Dates:** Modeling Spatial and Network Interdependence in International Relations, April 3rd 2018

**Reimbursement type:**
- [ ] Conference Travel Grant
- [X] Professional Development Committee Activity

**Conference Organizer (please specify):** Workshop

**ISA Membership**
- [X] I understand that I must be a current ISA member to receive a reimbursement from ISA.
- [X] I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

**Via PayPal:**

Email Address (associated with your PayPal account): saramt.polo@gmail.com

**Receipts:**

<table>
<thead>
<tr>
<th>Receipt Number 1</th>
<th>Receipt Number 2</th>
<th>Receipt Number 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name:</strong> Hilton Hotel</td>
<td><strong>Company Name:</strong> Supershuttle</td>
<td><strong>Company Name:</strong></td>
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<tr>
<td><strong>Type:</strong> Room</td>
<td><strong>Type:</strong> Transportation</td>
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<tr>
<td>Amount: 220.09 USD</td>
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</table>

Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named "YourLastName_YourFirstName-ReceiptNumber" — coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
Confirmed: 6 nights in San Francisco, CA

Booked by Emily Ritter
Friday, Jan 5, 2018

Check In
Apr 2, 2018

Check Out
Apr 8, 2018

Entire home/apt
Most Cheerful in Cole Valley
1155 Stanyan Street Unit B
San Francisco, CA 94117
United States

Hosted by Kay Kay
Phone: +1 (415) 425-7394

2 Travelers on this trip
Emily Ritter
Cassy Austin

Cost per traveler
This trip was $108.16 per person, per night, including taxes and other fees.

Security Deposit
A Host requires a Security Deposit of $400 to book this listing. The Guest is responsible for the amount of the Security Deposit, but it will not be charged unless the host makes a claim.

Charges
$155.00 × 6 nights
Cleaning fees
Service fee
Occupancy taxes
Total
$1297.89

Payment
Paid with VISA •••• 5555
Fri, January 05, 2018 @ 12:59 PM EST

Paid with VISA •••• 2733
Fri, January 05, 2018 @ 1:01 PM EST

Total Paid
$1297.89

Occupancy Taxes include Accommodations Tax (San Francisco), Accommodations Tax (San Francisco), Accommodations Tax (San Francisco).

Cancellation policy: Moderate. Certain fees and taxes may be non-refundable. See here for more details. (https://www.airbnb.com/home/cancellation_policies?guest_fee_policy=grace_period_48_hours#moderate)

Airbnb Payments, Inc. ("Airbnb Payments") is a limited payment collection agent of your Host. This means that upon your payment of the Total Fees to Airbnb Payments, your payment obligation to your Host is satisfied. Refund requests will be processed in accordance with: (i) the Host's cancellation policy (available on the Listing); or (ii) Airbnb Payment's Guest Refund Policy Terms, available at https://www.airbnb.com/terms. Questions or complaints: contact Airbnb Payments at 855-4-AIRBNB (855-424-7262)

Explanation of Security Deposit
Hosts can make a claim on their deposit within 14 days of your checkout date or before the next guest checks in, whichever is earlier. If a claim is initiated, Airbnb Customer Service will be in contact with both you and your Host to make sure both parties are represented fairly. Additional details regarding the Security Deposit are available at https://www.airbnb.com/help/article/352.
REIMBURSEMENT FORM
CONFERENCES & WORKSHOPS

PLEASE FILL OUT THE FOLLOWING:

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

Name (First and Last/Family): Emily Ritter

Workshop Title & Dates: Modeling Spatial and Network Interdependence in International Relations, April 3, 2018

Reimbursement type:

- Conference Travel Grant
- Professional Development Committee Activity

Conference Organizer (please specify):

Conference Organizer (please specify):

Reimbursement type:

Professional Development Committee Activity

Professional Development Committee Activity

ISA Membership

X I understand that I must be a current ISA member to receive a reimbursement from ISA.

X I authorize ISA to deduct membership dues from my reimbursement if my membership is not current at the time of reimbursement

Via PayPal:

Email Address (associated with your PayPal account): erhriter@gmail.com

Receipts:

<table>
<thead>
<tr>
<th>Receipt Number 1</th>
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<th>Receipt Number 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
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</tr>
<tr>
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<td>Room__ Food__ Transportation__</td>
<td>Room__ Food__ Transportation__</td>
</tr>
<tr>
<td>Transportation</td>
<td>Other (specify):</td>
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<td>Cash ___ Credit Card ___ Check ___</td>
</tr>
</tbody>
</table>

Please send your receipts to your coordinator in electronic form. Make sure that each receipt is saved as a separate file and named “YourLastName_YourFirstName-ReceiptNumber” — coordinating each to the above listing. Please attach additional pages detailing receipts as needed.
Hotels.com Confirmation Number: **146785454969**  
Booked: Online - Sunday, April 1, 2018 3:21:28 AM PDT

---

**Your Receipt**

**Billing Name:** Timothy Warren

---

**Booking Details**

**Guest Name:** Timothy Warren  
**Room Type:** 1 King Bed

**Check-in:** Monday, April 2, 2018  
**Check-out:** Tuesday, April 3, 2018

**Hotel Details:**  
Hilton San Francisco Union Square  
333 O'Farrell St.  
San Francisco  
US  
+14157711400

---

**Charges:**

**Monday, April 2, 2018:** $189.46  
**Discount applied:** $0.00  
**Sub-total:** $189.46  
**Tax recovery charges and service fees:** $31.17

**Total:** $220.63  
**Amount paid:** $220.63  
**Amount still due:** $0.00  
**Payment Method:** Visa  
**Card number:** XXXXXXXXXX9200

---

**Cancellation Policy**

**Free cancellation until 03/30/18**

- If you change or cancel your booking after 11:59 PM, 03/30/18 (Pacific Standard Time) you will be charged for 1 night (including tax)

We will not be able to refund any payment for no-shows or early check-out.

You were charged for this booking.

Any additional charges and fees incurred during your stay will be charged to your hotel's local currency and may be subject to a foreign exchange fee.

This receipt was printed on: Thursday, April 12, 2018 1:06:24 PM PDT

This is not a VAT invoice.

Retain this copy for statement verification.
Please note that if you make changes in your booking, they could result in charges applicable by policy and availability.

Your booking confirmation does act as payment proof. Therefore, the "tax" charges referred to on your reservation confirmation do not relate to sales taxes charged to you by Hotels.com, but to any transaction taxes incurred by Hotels.com (e.g. sales and use, hotel occupancy tax, excise tax, etc.) that Hotels.com pay directly to the hotel in relation to your reservation.

Please see the website for Terms and Conditions:
https://www.hotels.com/customer_care/terms_conditions.html
PLEASE FILL OUT THE FOLLOWING:

Please take the time to fill out this form completely. Incomplete or illegible forms may result in delay of reimbursement.

Name (First and Last/Family): T. Camber Warren

Workshop Title & Dates: ISA workshop "Modeling Spatial and Network Interdependence in International Relations"

Reimbursement type:

- Conference Travel Grant
- Professional Development Committee Activity

Conference Organizer (please specify):

- Workshop

ISA Membership

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<td>Company Name: Hilton</td>
<td>Company Name: Uber</td>
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