



OTCB Paper Information Form (continued)

OTC Paper Number: _____ Paper Title: _____

AUTHOR 7: _____
First (Forename) Middle Last (Family Name)
Company Affiliation: _____
Complete Address: _____
Telephone: _____ Fax: _____ E-mail: _____
Briefly describe nature of author's contribution: _____

AUTHOR 8: _____
First (Forename) Middle Last (Family Name)
Company Affiliation: _____
Complete Address: _____
Telephone: _____ Fax: _____ E-mail: _____
Briefly describe nature of author's contribution: _____

AUTHOR 9: _____
First (Forename) Middle Last (Family Name)
Company Affiliation: _____
Complete Address: _____
Telephone: _____ Fax: _____ E-mail: _____
Briefly describe nature of author's contribution: _____

AUTHOR 10: _____
First (Forename) Middle Last (Family Name)
Company Affiliation: _____
Complete Address: _____
Telephone: _____ Fax: _____ E-mail: _____
Briefly describe nature of author's contribution: _____

AUTHOR 11: _____
First (Forename) Middle Last (Family Name)
Company Affiliation: _____
Complete Address: _____
Telephone: _____ Fax: _____ E-mail: _____
Briefly describe nature of author's contribution: _____

AUTHOR 12: _____
First (Forename) Middle Last (Family Name)
Company Affiliation: _____
Complete Address: _____
Telephone: _____ Fax: _____ E-mail: _____
Briefly describe nature of author's contribution: _____

