

Panel Information (Please copy)

PANEL ORGANIZER (NAME ONE PERSON, WHO WILL SERVE AS THE PRIMARY CONTACT PERSON)	
NAME:	AFFILIATION:
ADDRESS:	PHONE:
	FAX:
	E-MAIL:
PANEL CHAIR (NAME, MAILING ADDRESS AND PHONE NUMBERS):	
NAME:	AFFILIATION:
ADDRESS:	PHONE:
	FAX:
	E-MAIL:
PRESENTERS (3 OR 4) (INCLUDE NAME, MAILING ADDRESS, AND PHONE NUMBERS)	
NAME:	AFFILIATION:
PAPER TITLE:	PHONE:
ADDRESS:	FAX:
	E-MAIL:
NAME:	AFFILIATION:
PAPER TITLE:	PHONE:
ADDRESS:	FAX:
	E-MAIL:
NAME:	AFFILIATION:
PAPER TITLE:	PHONE:
ADDRESS:	FAX:
	E-MAIL:
NAME:	AFFILIATION:
PAPER TITLE:	PHONE:
ADDRESS:	FAX:
	E-MAIL:
DISCUSSANT(S) (INCLUDE NAME, MAILING ADDRESS, AND PHONE NUMBERS)	
NAME:	AFFILIATION:
ADDRESS:	PHONE:
	FAX:
	E-MAIL:
NAME:	AFFILIATION:
ADDRESS:	PHONE:
	FAX:
	E-MAIL: