**Submission Information Form**

**Author's Details:**

* **Full Name:** [Your Full Name]
* **Affiliation:** [Your Institution/Organization]
* **Contact Information:**
  + **Email Address:** [Your Email Address]
  + **Phone Number:** [Optional: Your Phone Number]

**Preferred Reviewers:**

Please list up to five individuals you'd like to suggest as potential reviewers for your manuscript.

1. **Name:** [Reviewer 1's Full Name]

**Affiliation:** [Reviewer 1's Institution/Organization]

2. **Name:** [Reviewer 2's Full Name]

**Affiliation:** [Reviewer 2's Institution/Organization]

3. **Name:** [Reviewer 3's Full Name]

**Affiliation:** [Reviewer 3's Institution/Organization]

4. **Name:** [Reviewer 4's Full Name]

**Affiliation:** [Reviewer 4's Institution/Organization]

5. **Name:** [Reviewer 5's Full Name]

**Affiliation:** [Reviewer 5's Institution/Organization]