

BOOKING FORM

CONTACT NAME: _____

COMPANY/FIRM: _____

PARTY NAME: _____

ADDRESS: _____

DX: _____

TEL: _____ FAX: _____

EMAIL: _____

OTHER PARTY NAME: _____

FIRM: _____

OTHER PARTY NAME: _____

FIRM: _____

OTHER PARTY NAME: _____

FIRM: _____

OTHER PARTY NAME: _____

FIRM: _____

TYPE OF MATTER: *(PLEASE TICK)*

Arbitration
Mediation

Reference
Meeting

Conclave
Preliminary Conference

NAME OF MATTER: _____

ARBITRATOR/MEDIATOR: _____

DATE OF BOOKING: _____

START TIME _____ FINISH TIME: _____

TOTAL NUMBER OF ATTENDEES: _____

ADDITIONAL SERVICES *(SEE ADDITIONAL CHARGES SHEET)*

CATERING REQUIREMENTS: *(PLEASE NOTE THAT TEA/COFFEE & BISCUITS ARE AVAILABLE THROUGHOUT THE DAY)*

Lunch

Other

EQUIPMENT REQUIREMENTS: *(PLEASE TICK)*

Data Projector

Overhead Projector

Laptop

Internet Connection

I hereby agree to the terms and conditions
set out in the booking conditions

(Signature)

OTHER PARTY CONFIRMATION

CONTACT NAME: _____

COMPANY/FIRM: _____

PARTY NAME: _____

ADDRESS: _____

DX: _____

TEL: _____ FAX: _____

EMAIL: _____

PERCENTAGE OF COSTS: _____

I hereby agree to the terms and conditions
set out in the booking conditions

(Signature)

CONTACT NAME: _____

COMPANY/FIRM: _____

PARTY NAME: _____

ADDRESS: _____

DX: _____

TEL: _____ FAX: _____

EMAIL: _____

PERCENTAGE OF COSTS: _____

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(Signature)

CONTACT NAME: _____

COMPANY/FIRM: _____

PARTY NAME: _____

ADDRESS: _____

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EMAIL: _____

PERCENTAGE OF COSTS: _____

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(Signature)