

Case. No.
Session No.

Reg. No.

Room Booking Form

Parties	Claimant	Respondent
Names of Parties/Business:	_____	_____
Legal Representatives:	_____	_____
Address	_____	_____
	_____	_____
Contact Person	_____	
Telephone	_____	Cell Phone _____
Fax	_____	Email _____

Case Information

Claim Value: _____ Award Value: _____

Booking Information

Nature of booking arbitration mediation others

Name(s) of Arbitrator(s) / Mediator _____

Number or persons likely to attend _____

Dates & rooms required :

Dates:						
Time Room	Morning Session			Evening Session		
Arbitration Room						
Consultation room (6seat)						
Consultation room (9seat)						
Arbitration Package						

Rooms are also available beyond normal office hours, by prior arrangement.

Other requirements, please specify _____

Signature _____

Date _____

* Please fax or email completed form to +8802 964 1071-72 or info@biac.org.bd.