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| **BOOKING INFORMATION FORM**Please return to Rekha Rangachari (rrangachari@nyiac.org) |
| Hearing Dates |  |
| Case Name |  |
| Arbitral Institution and Case Number |  |
| Date of Booking Request |  |
| How Referred to NYIAC (how did you hear about us?) |  |
| Tribunal Members |  |
| Countries represented (*If international case)* |  |
| **Booking Party 1 (Claimant)** |
| Booking Party (Entity to be invoiced) |  |
| Contact Person Information(Name, title, email & telephone)  |  |
| Related Party (Company or Law Firm) |  |
| Contact Person Information(Name, title, email & telephone) |  |
| **Booking Party 2 (Respondent)** |
| Booking Party (Entity to be invoiced) |  |
| Contact Person Information(Name, title, email & telephone)  |   |
| Related Party (Company or Law Firm) |  |
| Contact Person Information(Name, title, email & telephone) |  |