|  |  |
| --- | --- |
| **BOOKING INFORMATION FORM**  Please return to NYIAC ([info@nyiac.org](mailto:info@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) |  |