

Filed in Binder

## **MEDIATION CENTER BOOKING FORM**

Please complete and return this form to the Lafayette Bar Association at the email/address below to make a reservation.

1. Reservation Type:  Meeting	Mediation [ ]	Deposition	☐ Arbitration		
2. Room Selection:		-	_		
A&M Room 2	Seats 4-6	\$100	Small Conference	ce Rom Seats 15	\$100
_		\$100		ce Room Seats up to 20	\$150
Past Presidents Room Seats 8-10 \$100		Zurge comercial	ce recombeded up to 20	<b>4100</b>	
	oni Seats 6-10	\$100			
3. Reservation Details:					
Firm / Company Nam	<u></u>				
Date(s) of Reservation	<u>ı:</u>				
Arrival Time: Departure Time:					
Request to continue b	eyond business ho	ars and acc	ept surcharge: YES l	by hours $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	NO
*Please note our office hours are M-TH 8:30a-4:30p and Friday 8:30a - 3:00p					
Estimated Number of Attendees:					
Will you need video conferencing? (Separate form) YES NO					
Contact Person Name: Phone Number:					
Email:					
Bill to:					
Billing Address:					
AMENITIES: Free WIFI,	AV, phone and video	conferencii	ng, complimentary coffee, so	ft drinks and snacks	
PM on Friday. Bookings o	utside of these hours	are possible	nich are 8:30 AM to 4:30 PM e, but require <u>at least 48 hour</u> at are not complete within a	advance notice. An afte	
TO	COMPLETE YO	UR RESE	RVATION, send this con	mpleted form to	
Cheryl	Robichaux, Med	liation Ce	nter Coordinator   offic	ce@lafayettebar.org	
2607 Joh	nston Street Lafa	yette, LA	70503   O: (337) 237-470	00   F: (337) 237-097	0
		OFF	ICE USE ONLY		
aken By:		Invoic	e Date:	Maile	ed E-Mailed
Pate: Time			e #:		ted on Site
ADD TO: Outlook C	alendar 🔲 Confir	m Email Ser	nt Contac	ct Name:	
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Confirmation Call 24-48 Hours