



BOOKING FORM FOR HKIAC FACILITIES AND SERVICES

Nature of Booking  arbitration  mediation  others \_\_\_\_\_

Name of Arbitrator(s) \_\_\_\_\_ Mediator \_\_\_\_\_

Is this booking for a HKIAC administered case?  Yes, HKIAC Ref No. \_\_\_\_\_  No

Is Videoconferencing required?  Yes  No

Name of Contact Person \_\_\_\_\_ email \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Total number of days \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Total number of rooms required \_\_\_\_\_

- \_\_\_\_\_ hearing room
 \_\_\_\_\_ conference room(s) for party (parties)
 \_\_\_\_\_ arbitrator/mediator retiring room
 others, please specify \_\_\_\_\_

Table with 5 columns: Room Name, Full Day HK\$, Half Day HK\$, Room Name, Full Day HK\$, Half Day HK\$. Rows include Hunter Room A, B, C, Board Room, Conference Room A, B, C, D, E.

Number of persons [including counsel, representatives of all parties, witness and the arbitrator(s)] likely to attend at any one time: \_\_\_\_\_ persons.

We undertake to settle and pay all expenses incurred by the HKIAC in respect of the items set out in the HKIAC website www.hkiac.org including such additional services and facilities required for hearing dates to be fixed at a later stage.

A cheque made payable to "Hong Kong International Arbitration Centre" for \_\_\_\_\_ being the 10% non refundable deposit is attached.

Please fax completed form to (852) 2524 2171.

Signature \_\_\_\_\_

Date \_\_\_\_\_