

FACILITIES AND LUNCH REQUEST FORM

Date of Mediation: ____/____/____

Contact Name: _____

Attorney Represented: _____

Party You Represent: _____

Case Style: _____

Contact's Email: _____

What are your Audio-Visual Needs? None Screen Projector Other

Do you plan to have a Joint Session? Yes No

How many breakout rooms will you need? 1 2 3 4 or more

Specific Room Request for your Party: Conference Room

Diane Room

Georgia Room

Number of lunches for your party? _____

What Menu Would you Like for Lunch?

BBQ Chinese Mexican Indian Greek Sandwich/Salad/Soup

Any Special Dietary Needs in Your Group? Yes No

If so, what are they: _____