

BDRP SESSION ATTENDANCE FORM

Case Name: _____

Case Number: _____

Adversary Proceeding Name: _____

Adversary Proceeding Number: _____

Date of Session: _____

Resolution Advocate: _____

Instructions: Please have *all attorneys and client representatives* who attend the conference(s) provide the following information. The purpose of this information is to facilitate survey research of the value of the BDRP.

ATTORNEYS

Name: _____ Name: _____

Firm Name: _____ Firm Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Attorney for: _____ Attorney for: _____

Name: _____ Name: _____

Firm Name: _____ Firm Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Attorney for: _____ Attorney for: _____

CLIENT REPRESENTATIVES

Name: _____ Name: _____

Title: _____ Title: _____

Organization: _____ Organization: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Party Representing: _____ Party Representing: _____

Name: _____ Name: _____

Title: _____ Title: _____

Organization: _____ Organization: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Party Representing: _____ Party Representing: _____