

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 Rom    Seats 15                  \$100  
 A & M Room 3                  Seats 4-6                  \$100                   Large Conference Room    Seats up to 20                  \$150  
 Past Presidents Room                  Seats 8-10                  \$100

### 3. Reservation Details:

Firm / Company Name: \_\_\_\_\_

Date(s) of Reservation: \_\_\_\_\_

Arrival Time: \_\_\_\_\_                  Departure Time: \_\_\_\_\_

Request to continue beyond business hours and accept surcharge:     YES 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

Should our staff prepare to make arrangements for lunch?     YES     NO

Contact Person Name: \_\_\_\_\_                  Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Other Party(ies): \_\_\_\_\_

Bill to: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**AMENITIES:** Free WIFI, AV, phone and video conferencing, complimentary coffee, soft drinks and snacks

**HOURS:** Mediation Center hours follow business hours, which are 8:30 AM to 4:30 PM Monday thru Thursday & 8:30 AM to 3:00 PM on Friday. Bookings outside of these hours are possible, but require at least 48 hour advance notice. An after-hours surcharge of \$50.00 per room per hour will be applied to bookings that are not complete within a half hour of closing.

**TO COMPLETE YOUR RESERVATION, send this completed form to**  
**Cheryl Robichaux, Mediation Center Coordinator | [office@lafayettebar.org](mailto:office@lafayettebar.org)**  
2607 Johnston Street Lafayette, LA 70503 | O: (337) 237-4700 | F: (337) 237-0970

### OFFICE USE ONLY

Taken By: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Mailed     E-Mailed

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Printed on Site

ADD TO:     Outlook Calendar     Confirm Email Sent

Filed in Binder     Confirmation Call 24-48 Hours

Contact Name: \_\_\_\_\_