

**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: \_\_\_\_\_