

PLEASE PRINT AND COMPLETE THIS FORM, CHECKING ALL SERVICES AND FACILITIES REQUIRED,
SIGN IT AND RETURN IT BY E-MAIL TO crregistry209@yahoo.com OR BY FAX TO 888-669-4428

TODAY'S DATE: _____ YOUR TIME ZONE: _____

YOUR NAME: _____ E-MAIL: _____

PHONE: _____ FAX: _____ CONFIRMATION PREFERENCE: _____ FAX _____ E-MAIL

ATTORNEY'S NAME: _____ FIRM NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CASE TITLE: _____ DEPONENT: _____

SERVICES REQUIRED: ___ COURT REPORTER ___ VIDEOGRAPHER ___ INTERPRETER ___ PROCESS SERVER

___ EXPEDITED TRANSCRIPT DUE BY DATE: _____ TIME: _____

___ REALTIME SERVICES: ___ LIVENOTE HOOKUP ___ CART: ___ ROUGH DRAFT BY: _____

LOCATION ADDRESS: _____ CITY: _____ STATE _____

OPPOSING COUNSEL NAMES & PHONE #'S _____

CONFERENCE ROOM REQUEST

DESIRED CITY/STATE: _____ ZIP CODE: _____ TIME ZONE _____ W/IN _____ MILES

DATE: _____ TIME: _____ to _____ TIME ZONE: _____

EARLY OR AFTER HOURS: ___ ENTRANCE ___ EXIT HOW MANY ATTENDING ___ + RPTR-VDGRPHR

FACILITIES REQUIRED: ___ SPEAKER PHONE ___ X-RAY VIEW BOX ___ INTERNET ACCESS

___ PHOTOCOPY MACHINE ___ FAX MACHINE ___ SCANNER ___ OVERHEAD PROJECTER ___ EASEL

___ TELECONFERENCE ___ VIDEOCONFERENCE ___ WEBCONFERENCE OTHER _____

REFRESHMENTS: ___ WATER ___ COFFEE ___ SODA ___ SNACKS ___ LUNCH

CLOSE PROXIMITY TO: ___ RESTAURANTS ___ HOTELS ___ AIRPORT ___ OTHER _____

Dear valued client: We do not charge for conference rooms when our clients use our court reporting services and order a minimum transcript from us (30 pages per hour). However, we charge a fee of \$25.00 for making arrangements for conference rooms in addition to the cost of the conference room when our court reporting services are not utilized or cancelled. If the scheduled proceedings go forward, we charge a \$300 minimum fee if there is no transcript order or the reporter attendance and transcript fees do not total \$300. Videoconferencing Fees include the conference room and are payable in advance.

We appreciate your continued patronage.

Sincerely,

THE COURT REPORTER REGISTRY, INC.

Laurie A. Johnson, RMR

President/Director

COUNTERSIGNED ON DATE: _____

FIRM NAME: _____

BY: _____ TITLE _____

THANK YOU FOR YOUR BUSINESS. WE LOOK FORWARD TO WORKING WITH YOU