AMANDA ENGAGEMENT AGREEMENT & CANCELLATION POLICY Mediations

Please complete this form: sign, date, and return to Scheduling Clerk at clerk@amandaadr.com

Case Name:	
Ref. #:	
1. Professional Fees	
time, extra session time, and any additi unused scheduled time will not be refu	cluding but not limited to reading and other preparation time, the session onal services or work, will be billed at the neutral's normal rate. Fees for nded. Each party agrees to (i) the AMANDA General Fee Schedule with (ii) the AMANDA Mediation Rules and Procedures, which may be revised ner party.
2. Additional Fees	
B. Expenses are billed at cost.C. Travel: If travel is required and is nate. Travel expenses are billed at cost.	olicies detailed in the AMANDA General Fee Schedule attached hereto. not included in the neutral's rate, travel time is billed at the neutral's hourly cost. es will be billed according to the neutral's fee schedule for reading and
3. Cancelation and Scheduling F	Policy
canceled or rescheduled less than 14 d	Fee schedule, fees for hearing sessions are non-refundable if a session is ays before the session date, unless the neutral's time is rescheduled with eduling fees will be paid by the canceling party(ies). Case Management
	hearing sessions shall be scheduled at Respondent's/Defendant's offices ies must provide morning refreshments and lunch for all parties.
4. Payment	
B. Each party agrees to pay its share of calendar days prior to the session	fessional fees and additional fees as follows: Respondent(s). If the estimated fees and expenses to be received by AMANDA at least 14 on and according to applicable deadlines. Unless it otherwise agrees, ments between or among the parties with respect to its fees.
	ant, either directly or through counsel, hereby certifies that s/he has read all matters stated herein. This Agreement may be signed in counterparts.
Signed:	Signed:
Print Name:	Print Name:
For:	For:
Dated:	Dated: