



**Parties' contact information:**

Please provide information regarding the parties seeking B2B Dispute Resolution Planning. If there are additional parties, please use a separate page.

Party 1		
Name of Party 1:		
Address:		
City:	State/Province/Country:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if applicable):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province/Country:	Zip Code:
Phone No.:		
Email Address:		
Please provide any additional parties/persons:		
Party 2		
Name of Party 2:		
Address:		
City:	State/Province/Country:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if applicable):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province:	Zip Code:
Phone No.:	Fax No.:	
Email Address:		

**Disclosure of Conflicts**

So that we can make sure that the Facilitator has no conflicts of interest and is able to handle this matter independently, impartially, and neutrally, please list below any other people or companies that have been involved in this dispute or are likely to participate in resolving this matter (including the names of any firms or counsel likely to be involved).

Party 1	Party 2