

The parties hereby submit the following dispute for resolution by CAMS:

<u>RULES SELECTED</u> (please circle):	
CAMS Arbitration Rules	CAMS Mediation Rules
Other (please specify):	

<u>PROCEDURE SELECTED</u> (please circle):		
Binding Arbitration	Mediation	Other (please specify)

NATURE OF RELIEF SOUGHT (please specify dollar amount and/or other relief sought):
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CAMS Neutral(s) desired:

Name of Party: _____

Name of Party: _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

Signature

Signature

Name of Representative: _____

Name of Representative: _____

Firm Name: _____

Firm Name: _____

Address to be used in this case:

Address to be used in this case:

Email Address: _____

Email Address _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

To commence this proceeding, please email a copy of this Submission form and the Arbitration or Mediation Agreement to CAMS at info@camsadr.com , and send the original signed copy to CAMS, 1201 RXR Plaza, Uniondale, New York 11560.
