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EXAMINATION SCHEDULING FORM

EXAMINATION LOCATIONS	TO SUBMIT FORM: Please fax or email this form or call to schedule.
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** Kindly fax the <i>Notice of Examination</i> in the matter as well to provide us with additional information.	

PLEASE COMPLETE TO SCHEDULE AN EXAMINATION:

FIRM NAME	
COUNSEL'S NAME	
PHONE NUMBER	
EXAMINATION TYPE	
CASE NAME/STYLE	
DATE REQUIRED	
START TIME	
TIME BOOKED	
LOCATION	
SPECIAL REQUESTS	

Thank-you for scheduling with Archer Reporting Services. We appreciate your business .