UNITED NATIONS CONFERENCE CENTRE – ADDIS ABABA

REQUEST FOR CONFERENCE AND MEETING SERVICES / COST ESTIMATE

Sept. 2021

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| 1.**ORGANISATIONAL INFORMATION** |
| **Name of organisation /Division :**  | **E-mail address :** |
| **Name of contact person :**  | **Tel :**  |
| **Address :**  |
| 2. **How did you hear about us**? ECA website, Social media, Referred by a friend, Email alert from ECA, From International Exhibitions and Digital catalogues, Meetings Africa; ImexIBTM, World IBTM Africa, ICCA, Other  |
| 3. **MEETING DATA (nb : Please attach draft programme/schedule and list of participants)** |
| **Name of event :**  |
| **Event Format: In-person ( ) Hybrid ( ) If in-person, Expected number of participants: Delegates …………. Staff ……………** |
| **If Hybrid, Expected no. of participants for in-person ……………… Expected no. of participants for virtual (online) ………………..** |
| **Date(s) of event :** From ……….…..… To … | **Event Hours:**  **AM**  From To **PM** From To |
| **Any VVIPs** (PM/President level)expected**?** Yes No **Any VIPs** (Ministerial level) expected? Yes No  | **Number expected: …… Attending opening only/entire event** **Number expected: ……. Attending opening only/entire event** |
| **Space Requirements***(****NB* Please** *indicate number of rooms and number of participants per breakout room)* | Meeting rooms ……………………………...……………………………………………………………… Breakout rooms …...……………………………………………………………………………...……..…Offices …………………………………………………………………………………………...………… |
| **4. SUPPORT SERVICES** |
| **Simultaneous Interpretation** Yes No  | Languages | Arabic (A)  | English (E)  | French (F)  |  |
| **Virtual Platform**  | Yes ( ) | No ( ) |  |  |  |
| Projection |  Power Point LCD Video  | Video (DVD)  |
| **Recording** | Audio *(Conf. Rooms 1-6 & Large Briefing Room)* | Opening session  | Closing session  | All sessions  |
| Video *(Conference Rooms 1 & 2 only)* | Opening session  | Closing session  | All sessions  |
| **Equipment** *(***Please *specify number where applicable)*** | Flipchart(s) | Computer(s) / Printer | Photocopier/scanner | Other (Please specify) |
| **Exhibition Space required**  |  Yes No Number of booths required:Type of Exhibits : Valuable Items necessitating Security Coverage Overnight Yes No  |
| **Name / country plates** |  Yes No  |
| Other ***(Please specify)*** |  |
| **5. CATERING REQUIREMENTS** |
| Mineral Water *(still)* | In Plenary sessions only : Top Table only All delegates  | All sessions (in all venues including breakout rooms) : Top Table only All delegates  |
| Tea/Coffee breaks | Yes  | No  | No of breaks per day:  | Times : |
| **Lunch** | To be invoiced to organiser At delegates’ own expense  | Date(s) : | Time :  | No of persons :  |
| Reception | Type :  | Date :  | Time :  | No of persons : |
| **Other**  | Type :  | Date : | Time :  | No of persons :  |
| **6. Booking of Video-conference facility: ………………………………………………………………………………………………..****7- OTHER SERVICES / SPECIAL REQUESTS** |

AUTHORISED CLIENT SIGNATURE: ………………………………. DATE: ………………………