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: ………………………