

**UNITED NATIONS CONFERENCE CENTRE – ADDIS ABABA**

**REQUEST FOR CONFERENCE AND MEETING SERVICES / COST ESTIMATE**

Oct. 2018

<b>1. ORGANISATIONAL INFORMATION</b>									
Name of organisation / division :					E-mail address :				
Name of contact person :					Tel :				
Address :									
<b>2. MEETING DATA (NB : Please attach draft programme/schedule and list of participants)</b>									
Name of event :									
Location of event : UNCC-AA					Hours of daily sessions:		AM From To		PM From To
Date(s) of event : From ..... To ...				Expected number of participants : Delegates Staff					
Any VVIPs (PM/President level) expected? Yes No				Number expected: ..... Attending opening only/entire event					
Any VIPs (Ministerial level) expected? Yes No				Number expected: ..... Attending opening only/entire event					
Space Requirements <i>(NB Please indicate number of rooms and number of participants per breakout room)</i>		Meeting rooms .....							
		Breakout rooms .....							
		Offices .....							
<b>3. SUPPORT SERVICES</b>									
Simultaneous Interpretation Yes No		Languages		Arabic (A)		English (E)		French (F)	
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:					
Name / country plates		Yes No							
Other (Please specify)									
<b>4. CATERING REQUIREMENTS</b>									
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	N° of breaks per day:		Times :			
Lunch	To be invoiced to organiser At delegates' own expense			Date(s) :		Time :		N° of persons :	
Reception	Type :		Date :		Time :		N° of persons :		
Other	Type :		Date :		Time :		N° of persons :		
<b>5. Booking of Videoconference facility:</b> .....									
<b>6.- OTHER SERVICES / SPECIAL REQUESTS</b>									

**AUTHORISED CLIENT SIGNATURE : .....**

**DATE : .....**