



MEETINGS/CONFERENCES REQUEST FORM

To: Meeting. Coordination Unit
Tel. (254 2) 623397/623571/623394/62 3391 Fax. (254 2) 623930
Room No. R.109-113 P.O BOX 67568 Nairobi, Kenya

Through: (Certifying Officer)

From: (Requesting Officer) Date:

1. MEETING DATA

Form section 1 containing fields for: A. Title of conference of meeting; B. Allotment/Project account No.; C. Officer responsible (Name, Room No., Ext.); D. Location of conference or meeting; E. Dates of meeting (From, To), Time of opening meeting, Meeting times (a.m, p.m).

2. SERVICE REQUIRED

Form section 2 containing fields for: A. SPACE REQUIRMENTS (No. of participants, No. of meeting rooms, No. of offices/staff); B. Simultaneous INTERPRETATION (languages) (A, C, E, F, R, S); C. SOUND RECORDING: (Floor, Other); D. NUMBER OF MEETINGS PER DAY (Morning, Afternoon, Open, Closed); E. SIGNS REQUIRED for countries or experts, specialized agencies, NGOs and others participating; OTHER SIGNS REQUIRED: (e.g. for Secretariat); F. SERVICES REQUIRED: (Hotel reservations, Transport for delegates, Hospitality, Secretarial assistance, Audio-visual equipment, Other).

