|  |
| --- |
| MEETING ROOM ASSIGNMENT FORM |
| unfccc-l-3c-rgb-100-medium |  |  |  |  |  | un |
| *Please specify:* | **[ ]**  | Negotiation Group | **[ ]**  | IGO |
|  | **[ ]**  | Party | **[ ]**  | NGO |
|  | **[ ]**  | UN | **[ ]**  | Other NGO |
|  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |
| **DELEGATION** of: |  |                                               |  |
|  |  |
| **DATE** of Meeting (DD│MM│YY): | from |       | 05 | 2016 | to |       | 05 | 2016 | **[ ]**  | **Daily!** |
|  |  |
| **TIME** of Meeting:  | \*\* | from | **HH** | : | **MM** | hours | to | **HH** | : | **MM** | hours |
|  |  |
| **NUMBER** of Participants: |  |       |  |
|  |  |
| Meeting Room **LAYOUT**: | **[ ]**  | **Classroom** | **[ ]**  | **Square** |
| Meeting to be announced: | **[ ]**  | **Yes** | **[ ]**  | **No** |
| Meeting to be: | **[ ]**  | **Open** | **[ ]**  | **Closed** |
|  |  |
| **TITLE** to be announced: |  |                                               |
|  |  |
| **EQUIPMENT** needed: | **[ ]**  | Beamer |  |
|  |  |

|  |
| --- |
|  |
| **CONTACT** Person: | \*Name: |                           |  |
|  |  |  |
|  | \*E-mail: |                           |
|  |  |  |
|  | Phone/Mobile No.: |                           |
|  | *\*Please use print letters!* |
| DATE of submission: | **DD** | **MM** | 2016 |  |
|  |  |
| SIGNATURE: |  |
|  |  |

|  |
| --- |
|  |
| Meeting Room Assignment (MRA) Policy: |
| * \*\*Rooms are assigned for a maximum of 1 hour ONLY per Party/organization, free of charge;
 |  |
| * Meetings are booked back to back, please conclude/finish on time;
 |  |
| * Meeting room reservations are made on a provisional basis and their final confirmation depends on the needs and demands of the negotiating process, which shall supersede the needs and demands of others;
 |  |
| * It is advisable to reconfirm your reservation with our staff at the information desk or MRA counter at least two hours before the start of the meeting given the possibility of last-minute changes;
 |  |
| * If all meeting rooms are in use and meetings of the Convention or Kyoto Protocol body, the secretariat may request that you vacate the room in which you are holding your meeting. Please, therefore, indicate on this form your contact details, including an email address and mobile telephone number, in order that the MRA team are able to assist you in finding an alternative meeting room solution;
 |  |
| * With your signature on this form you confirm that you have read, understood and agreed to the conditions set out in this MRA policy;
 |  |
| * Please inform us immediately if your meeting is cancelled as meeting rooms are limited and in high demand;
 |  |
| * Food and beverages are not permitted inside the meeting rooms!
 |  |
|  |

|  |
| --- |
| **Assigned Meeting Room (To be completed by MRA Team):** |
| **Option 1** | **Option 2** | **Option 3** | **Processed by (Initials):** |
| **Date** | **Date** | **Date** |

|  |
| --- |
| 2016 UNFCCC, Conference Affairs Services – Meeting Management Unit |