

# MEETING ROOM ASSIGNMENT FORM



Please specify:

- ☐ Negotiation Group  
☐ Party  
☐ UN

- ☐ IGO  
☐ NGO



## DELEGATION of:

DATE of Meeting (DD | MM | YYYY): from \_\_\_\_\_ 11 2022 to \_\_\_\_\_ 11 2022 ☐ **Daily!**

TIME of Meeting: \*\* from \_\_\_\_\_ : 00 hours to \_\_\_\_\_ : 55 hours

ALTERNATE TIME (in case above time is not available): from \_\_\_\_\_ : 00 hours to \_\_\_\_\_ : 55 hours

NUMBER of Participants:

LAYOUT:

- ☐ Square  
☐ Classroom

ANNOUNCEMENT on IPTVs\*:

☐

No

☐

Yes

\*Party and NGO meetings are not announced

If Yes, TITLE to be announced:

Please incl. delegation/organization name if applicable

CONTACT Person:

\* Name:

\_\_\_\_\_

\* E-mail:

\_\_\_\_\_

Phone/Mobile No.:

\_\_\_\_\_

\* Please use print letters!

DATE of submission:

\_\_\_\_\_ 2022

SIGNATURE:

\_\_\_\_\_

## Meeting Room Assignment (MRA) Policy:

- Rooms are assigned for a maximum of 55 minutes only per Party/ organization, free of charge; from 8:00 to 18:00 hrs. Please ensure that your meeting concludes on time.
- All confirmations are subject to reconfirmation by the requestor one hour before the start of the meeting. Not reconfirmed meetings will be automatically removed from the system.
- Food and beverages are not permitted inside the meeting rooms.
- Meeting room reservations are made on a provisional basis and their final confirmation depends on the demands of the negotiating process, which takes priority.
- If all meeting rooms are in use for a closed daily meeting and the size and layout of the meeting room you have booked match the requirements for informal consultations, a meeting of a contact group or other negotiation meeting that urgently need to take place, the secretariat may request that you vacate the room in which you are holding your meeting at short notice. Therefore, please indicate on the request form clearly your contact details, including an email address and mobile telephone number, so that the MRA team may contact you right away and assist in finding an alternative solution.
- By signing the MRA form you are confirming that you have read, understood, and agreed to the conditions set out in these guidelines.

## Assigned Meeting Room (To be completed by MRA Team):

Option 1:		Option 2:		Option 3:		Processed by (Initials):
Date:		Date:		Date:		