MEETING	ROOM	ASSIGN	MENT	FORM
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	Please specify:		<ul><li>Negotiation Gro</li><li>Party</li><li>UN</li></ul>	pup				
<b>DELEGATION</b> of:		-						
DATE of Meeting (DD	MM YYYY):	from _	06	202	2_ to		06 2022	Daily!
TIME of Meeting:	**	from _	:	<u>00</u> ho	urs	to	:	55 hours
<b>ALTERNATE TIME</b> (in case above time is no	t available):	from	:	00 ho	urs	to		55 hours
NUMBER of Participa	ants:	[		LA	AYOUT:			Square
ANNOUNCEMENT or *Party and NGO meetings a announced	-		No		] Yes			Classroom
If Yes, <b>TITLE</b> to be an Please incl. delegation/orga applicable		-						
CONTACT Person:		* Na	ame:					
		* E-	mail:					
		Pho	ne/Mobile No.:					
DATE of submission:				202	22		* Please u	se <u>print</u> letters!
SIGNATURE:								

## Meeting Room Assignment (MRA) Policy:

- Rooms are assigned for a maximum of 55 minutes only per Party/Observer organizations, 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):				
Op	otion 1:	Option 2:	Option 3:	Processed by (Initials):
Da	ite:	Date:	Date:	