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National Institutes of Health

Request for Acquisition of Temporary Commercial Conference Space

Use prescribed by NIH Manual 26101-17-1

INSTRUCTIONS:
Send this form and quotes and supporting documentation to:
NIH Events Management Official, DMA, ORS
Bldg. 31, Room 6C17 (496-4700)

PART A—Request

1. Requester's IC and Division:	2. Requester's Name:	3. Requester's Title:	4. Requester's Phone No.:

5. Event Name:

6. Event Date (s):	7. Event Hours:	8. Evening or weekend session included?
		☐ Yes ☐ No

9. List event support services required (audiovisual, clerical, business center, etc.)

10. List any special reasons why off-campus space is needed (aside from unavailability of NIH space)

11. **Cost comparison** *(Use only those items that are applicable. Comparison should include all costs to the Government.)*

Facility Name and Location (List ***selected*** facility first)	Number and Cost of Accommodations							Cost of Administrative Services *(Travel)*		**TOTAL COST**
	Lodging		Conference Rooms		Breakout Rooms		Audiovisual Equip. & Staff	Cost for Government Personnel	Cost for Non-Government Personnel	
	No.	Cost	No.	Cost	No.	Cost	Cost			

12. Total number of Participants:

NIH Participants:_____ Non-NIH participants: _____

PART B—Approvals

The authorized official has certified that travel to be performed with this meeting is in accordance with Federal Travel Regulation, FTR § 301-74 Appendix R, Part I. Using funds for travel, meeting facilities, and support services, as outlined above, is necessary and appropriate.

IC or NIH OD Office Fund Approving Official:

Name: Title: Signature: Date:

This is to certify that NIH Conference space is: ☐ Unavailable ☐ Available

Request is: ☐ Approved ☐ Disapproved

NIH Events Management Official Name: Signature: Date: