

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>selected</b> 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: