**Side Event Request Form for Inter-Regional Meeting for SIDS (**Samoa, 30 Oct- 1 Nov 2018)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE PRINT ALL ENTRIES IN BLOCK LETTERS.** | | | | | | | | | | | |
| Name of requesting organization: | | | | |  | | | | | | |
| Contact person: | | |  | | | | | | | | |
| Address: |  | | | | | | | | | | |
| Telephone: | |  | | | | | | E-mail: |  | | |
| **Title of the Side Event** (Please attach a detailed description, including all organizing partners, related theme/agenda, speakers and potential contribution to the Inter-Regional Meeting of SIDS on the SAMOA Pathway Midterm Review. | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Preferred date / time** (Please indicate more than one option in the order of preference) | | | | | | | | | | | |
| **Date** | | | | **Time** | | | | | | | |
| **7:00~8:00** | **8:00~9:00** | **9:00~10:00** | **10:00-11.00** | **11:00~12:00** | | **12:00~13:00** | **13:00~14:00** |
| **Mon 29 Oct** | | | |  |  |  |  |  | |  |  |
| **Tue 30 Oct** | | | |  |  | N/A | N/A | N/A | |  |  |
| **Wed 31 Oct** | | | |  |  | N/A | N/A | N/A | |  |  |
| **Thurs 1 Nov** | | | |  |  | N/A | N/A | N/A | |  |  |
|  | | | | | | | | | | | |
| **Date** | | | | **Time** | | | | | | | |
| **14:00~15:00** | **15:00~16:00** | **16:00~17:00** | **17:00~18:00** | **18:00~19:00** | | **19:00~20:00** | **20:00~21:00** |
| **Mon 29 Oct** | | | |  |  |  |  |  | |  | N/A |
| **Tue 30 Oct** | | | | N/A | N/A | N/A |  |  | |  | N/A |
| **Wed 31 Oct** | | | | N/A | N/A | N/A |  |  | |  | N/A |
| **Thurs 1 Nov** | | | | N/A | N/A | N/A |  |  | |  | N/A |
| **Side event will be held at Tooa Salamasina Hall, room capacity will be maximum of 30 persons** | | | | | | | | | | | |
| **Equipment and services (**please note – laptops are not provided) | | | | | | | | | | | |
| Projector for Power Point presentation | | | |  |  | Projector for video playback (please provide format) | | | |  |  |
| Room screen | | | |  |  | Sound (in room microphones) | | | |  |  |
| **The costs related to the use of the above equipment and services will be covered by:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| (Name of the Organization) | | | | | | | | | | | |
| ***Signed by:*** | | | | | |  | | | | | |
| (Please print full name and title below the line) | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
| **Please Indicate below the name and contact details in New York of the person in charge of the side event if applicable.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |

**Please send completed form to Suzanna Hrvatin** [hrvatin@un.org](mailto:hrvatin@un.org) **and Eun Hee Lee at** [eunhee.lee@un.org](mailto:eunhee.lee@un.org)

**by 5 Oct 2018**