National Institutes of Health		INSTRUCTIONS:					
		This form is to be use as a worksheet.					
			Once completed transfer all information electronically to https://sapps.od.nih.gov/sites/EMBOCS/SitePages/Home.aspx				
PART A—Request							
1. Requester's IC and Division:	2. Requester's Name	e:	3. Requester's Title:		4. Requester's Phone No.:		
5. Event Name:							
6. Event Date (s):	7. Event Hours:			8. Evening or we	ekend session included?		

6. Event Date (s):	7. Event Hours:	8. Evening or week	kend session included?
		□Yes	□ No
9 List event support service	required (audiovisual clarical	husiness center etc.)	

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.)

	Number and Cost of Accommodations						Cost of Administrative Services (Travel)			
Facility Name and Location (List <b>selected</b> facility	Lo	odging		nference Rooms		eakout coms	Audiovisual Equip. & Staff	Cost for	Cost for Non-	TOTAL COST
first)	No.	Cost	No.	Cost	No.	Cost	Cost	Government Personnel	Government Personnel	

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 🗌 Disa	approved						
NIH Events Management Official Na	ame:	Signature:	Date:				

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