|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appendix 2 – Meeting ROOM Package**  **(as described under section B.2 of the Tender File)**  **Please complete all cells framed in red** | | | | |
| **MEETING ROOM PACKAGES – (PRICES IN EUROS)** | | | | |
|  | | | | |
| **Meeting room packages** | **Price exluding VAT ▼**  *(Per Half Day)* | **Price**  **Including VAT▼**  *(Per Half Day)* | **Price**  **excluding VAT▼**  *(Per Whole Day)* | **Price**  **Including**  **VAT▼**  *(Per Whole Day)* |
| **Meeting room up to 7 participants with bottled water per person** |  |  |  |  |
| **Meeting room up to 35 participants with bottled water per person** |  |  |  |  |
| **Meeting room up to 55 participants with bottled water per person** |  |  |  |  |
| **Event supervisor (per person)** |  |  |  |  |
| **Conference technician (per person)** |  |  |  |  |
| **Desktop Computer Rental (per item)** |  |  |  |  |
| **Printer Rental (per item)** |  |  |  |  |
| **Projector / Presenting screen/ Beamer (per item)** |  |  |  |  |
| **Laptop (per item)** |  |  |  |  |
| **Desk Microphone (one microphone per two participants)** |  |  |  |  |
| **Wireless Microphone (at least three)** |  |  |  |  |
| **Amplifier (per item)** |  |  |  |  |
| **Other technical / logistical services**  **(provide examples – not compulsory):** |  |  |  |  |

The selected Provider shall ensure that quality health, safety, hygiene of the Council of Europe and national standards are in place at the event site, including the health standards and requirements.