**Attachment 5**

**Submission Form for**

**Technical Proposal**

**(Room Block Only)**

1. Proposer’s name, address, telephone and fax numbers, email and federal tax identification number.

|  |  |
| --- | --- |
| Firm (Legal Name): |  |
| Address: |  |
| Address Line 2: |  |
| City, State, Zip code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |
| Web site:  |  |

Please indicate which dates you are offering for the program

|  |  |
| --- | --- |
| **February 24 – March 1, 2013 (preferred date)**  |  |
| **January 27 – February 1, 2013**  |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| SundayJan 27, 2013 or Feb 24, 2013 | Single/Double Occupancy | 120  |  |
| Monday January 28thorFeb 25th  | Single/Double Occupancy | 120 |  |
| Tuesday January 29thOr Feb 26th  | Single/ Double Occupancy | 120 |  |
| WednesdayJanuary 30th Or Feb 27th  | Single/ Double Occupancy | 120 |  |
| Thursday Jan 31stOr Feb 28th  | Single/ Double Occupancy | 120 |  |
| Friday Feb 1st Or March 1st | Check-out | 0  |  |
|  |  | 600  |  |

Are Sleeping rooms compliant with American Disabilities Act (ADA)?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 2.  | Sleeping room group rate availability 2 days pre & post the contracted dates |  |  |
| 3. | Discount hotel parking  |  |  |

1. Propose options for transportation to the hotel on public transportation

Discuss the various means of transportation to local airports.

|  |
| --- |
| Discuss the approximate distance from major freeways. |
|  |

**F. Signature (must be completed by proposer):**

|  |
| --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_. |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |

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