Attachment 5 RFP Name: TCPJAC & CEAC/COCE Statewide Business Meetings RFP Number: ASU TD-001-SS

Attachment 5 Submission Form for Technical Proposal (Room Block Only) Revision No. 1

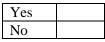
A. Proposer's name, address, telephone and fax numbers, email and federal tax identification number.

Firm (Legal Name):	
Address:	
Address Line 2:	
City, State, Zipcode	
Contact:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Federal Tax ID Number:	

B. Propose Sleeping Room schedule. Enter "n/a" for any items that are not applicable.

		Estimated	Requested	Confirm	Confirm
	Type of	Number of	Upgrades at	Number of	Number of
	Sleeping	Sleeping	Group Rate	Rooms able	Upgrades able
Date	Room	Rooms		to provide	to provide
Wednesday,	Single/Double	15	0		
February 1	Occupancy				
December 1					
Thursday,	Single/Double	95	0		
February 2	Occupancy				
December 2					
		110			

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



- C. Propose the cut-off date for reservations:
- D. Other Program Needs (identify if included in other proposed pricing):

Item	Description	Approved	Alternative
No.	_	(please note if	
		approved)	
1.	Complimentary room policy		

E. 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:		