

**Attachment 5
Submission Form for
Technical Proposal
(Full Service)**

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. Please indicate which dates you are offering for the program:

Room Block Number	Dates	Yes	No
1	July 26 – August 9, 2013		
2	August 2 – 16, 2013		

C. Estimated Meeting and Function Room Block:

Propose Meeting and Function Rooms schedule, including the date, time, and a description of the set is detailed below. Please add the **Function room name, square footage**, noting dimensions, any odd shapes, angles, pillars and other salient characteristics). Enter “n/a” for any items that are not applicable.

Please attach a floor plan and meeting room capacity chart to the proposal.

Time	Function	Set Up	Expected Attendance	Room Name Sq. Footage
Date 1 – 15				
24 hour hold	Staff Office	Conference	5	

Time	Function	Set Up	Expected Attendance	Room Name Sq. Footage
Date 3 - 15				
24 hour hold	AV Storage	Empty Room		
Date 3 – 8 & Date 11 – 15				
24 hour hold	Faculty Room	Conference	10	
24 hour hold	General Session	Conference tables of 8 for 64 Head table for 2 and AV	60	
Date 3 – 7 & Date 11 – 14				
24 hour hold	Breakout #1	Crescent Rounds Head table for 2	20	
24 hour hold	Breakout #2	Crescent Rounds Head table for 2	20	
24 hour hold	Breakout #3	Crescent Rounds Head table for 2	15	
24 hour hold	Breakout #4	Crescent Rounds Head table for 2	15	
24 hour hold	Breakout #5	Crescent Rounds	8	
24 hour hold	Breakout #6	Crescent Rounds	8	
24 hour hold	Breakout #7	Crescent Rounds	8	
Date 4				
6:30am – 12:00pm	Registration (set outside General Session)	(2) 6ft tables (4) chairs	Flow	
Date 4 – 8 & Date 12 - 15				
7am – 9am	Breakfast	Location for Breakfast	65/70	
11am – 1:30 pm	Lunch	Location for Lunch	65/70	
Date 13				
24 hour hold	Breakout #8 Computer Lab	Classroom 2 per 6ft Head table for 2	20	

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

Yes	
No	

Can the Program use its own audio-visual equipment and labor at no additional charge?

Yes	
No	

Please include an audio-visual price list sheet with this proposal for the Program.

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

Dates	Estimated # of Single / Double Occupancy Required	Confirm # of rooms able to provide
Date 3	65	
Date 4	65	
Date 5	65	
Date 6	65	
Date 7	65	
Date 8	5	
Date 9	5	
Date 10	5	
Date 11	70	
Date 12	70	
Date 13	70	
Date 14	70	
Total	620	

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

Yes	
No	

E. Propose the cut-off date for reservations: _____

F. Propose Food and Beverage schedule, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

Type of Group Meal	Days	Food and Beverage detailed Menu Samples Variety Options
Breakfast Buffet	Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15	
AM Break	Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15	
Lunch – Plated or Buffet.	Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14	

Type of Group Meal	Days	Food and Beverage detailed Menu Samples Variety Options
PM Break	Date 4, Date 5, Date 6, Date 7, Date 11, Date 12, Date 13, Date 14	
Boxed Dinner	Date 5	
Buffet or Plated Dinner	Date 12, Date 14	

Are you able to provide Kosher Meals at the same price as the group rate?

Yes	
No	

If No, What is the cost of Kosher Meals? _____

Please indicate where your Kosher Meals come from:

G. Other Program Needs (identify if included in other proposed pricing):

Item No.	Description	Approved (please note if approved)	Alternative
1.	Complimentary Registration area telephone		
2.	(10) Complimentary easels		
3.	Complimentary Wired Internet for Registration and Wireless Staff Office for 5 computers		
4.	Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff		
5.	Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room.		
6.	Complimentary parking spaces for staff		

