**Attachment 5**

**Submission Form for**

**Technical Proposal**

**(Full Service)**

1. 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: |  |
| Web Site:  |  |
| Federal Tax ID Number: |  |

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

|  |  |
| --- | --- |
| **June 17 - 20, 2012 (preferred date)**  |  |
| **June 19 – 22, 2012** |  |

1. 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.

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Day #1: Set up day**  |
| Day 1: Set up day 12:00 – 11:59 p.m.  | Staff Office | Conference set up w/ space for tables along the walls for materials  | 5 |  |
| Day 1: Set up day 12:00 – 11:59 p.m.  | AV Storage | Empty Room |  |  |
| Day 1: Set up day 12:00 – 11:59 p.m.  | Faculty room  | 2 rounds | 10  |  |
| Day 1: Set up day 12:00 – 11:59 p.m.  | Registration  | 2 classroom  | 100  |  |
| Day 1: Set up day 5:00 – 11:59 p.m.  | General Session Set Up | Rounds of 6 – 8Head table for 10 on Stage | 100  |  |
| Day 1: Set up day 5:00 – 11:59 p.m.  | Meeting Room  | Conference  | 15  |  |
| Day 1: Set up day 5:00 – 11:59 p.m.  | Breakout #1  | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| Day 1: Set up day 5:00 – 11:59 p.m.  | Breakout #2 | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| **Day #2**  |
| Day 2: 24 hr hold  | Staff Office | Conference set up w/ space for tables along the walls for materials  | 5 |  |
| Day 2: 24 hr hold  | AV Storage | Empty Room |  |  |
| Day 2: 24 hr hold  | Faculty room  | 2 rounds | 10  |  |
| Day 2: 24 hr hold  | Registration  | 2 classroom  | 100  |  |
| Day 2: (8:00 a.m. – 5 p.m.) 24 hour hold  | General Session Set Up | Rounds of 6 – 8Head table for 10 on Stage | 100  |  |
| Day 2: (8:00 a.m. – 5 p.m.) 24 hour hold  | Meeting Room  | Conference  | 15  |  |
| Day 2: (8:00 a.m. – 5 p.m.) 24 hour hold  | Breakout #1  | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| Day 2: (8:00 a.m. – 5 p.m.) 24 hour hold  | Breakout #2 | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| 7:00 – 8:00 a.m.  | Breakfast  | Rounds  | 60 |  |
| 10:00 – 10:30 a.m.  | AM Break  | Flow  | 60  |  |
| 12:00 – 1:00 p.m.  | Lunch  | Rounds  | 60  |  |
| 3:00 -3:30 p.m.  | PM Break  | Flow  | 60  |  |
| **Day #3**  |
| Day 3: 24 hr hold  | Staff Office | Conference set up w/ space for tables along the walls for materials  | 5 |  |
| Day 3: 24 hr hold  | AV Storage | Empty Room |  |  |
| Day 3: 24 hr hold  | Faculty room  | 2 rounds | 10  |  |
| Day 3: 24 hr hold  | Registration  | 2 classroom  | 100  |  |
| Day 3: (8:00 a.m. – 5 p.m.) 24 hour hold  | General Session  | Rounds of 6 – 8Head table for 10 on Stage | 100  |  |
| Day 3: 3:00 p.m. – 11:59 p.m.  | Computer Lab Set up only  | Classroom  | 40 |  |
| Day 3: (8:00 a.m. – 5 p.m.) 24 hour hold  | Breakout #1  | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| Day 3: (8:00 a.m. – 5 p.m.) 24 hour hold  | Breakout #2 | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| 7:00 – 8:00 a.m.  | Breakfast  | Rounds  | 90 |  |
| 10:00 – 10:30 a.m.  | AM Break  | Flow  | 90 |  |
| 12:00 – 1:00 p.m.  | Lunch  | Rounds  | 90 |  |
| 3:00 -3:30 p.m.  | PM Break  | Flow  | 90 |  |
| **Day #4** |
| Day 4: 12:00 a.m. – 2:00 p.m.  | Staff Office | Conference set up w/ space for tables along the walls for materials  | 5 |  |
| Day 4: 24 hr hold  | AV Storage | Empty Room |  |  |
| Day 4: 12:00 a.m. – 2:00 p.m.  | Faculty room  | 2 rounds | 10  |  |
| Day 4: 7:00 a.m. – 1:00 p.m.  | Registration  | 2 classroom  | 100  |  |
| Day 4: 12:00 a.m. – 2:00 p.m.  | General Session  | Rounds of 6 – 8Head table for 10 on Stage | 100  |  |
| Day 4: 12:00 a.m. – 2:00 p.m.  | Computer Lab  | Classroom  | 40 |  |
| 11:00 a.m. – 3:00 p.m.  | Meeting  | Conference  | 15  |  |
| Day : 412:00 a.m. – 2:00 p.m.  | Breakout #1  | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| Day : 412:00 a.m. – 2:00 p.m.  | Breakout #2 | Crescent rounds 6 – 8, head table, 1 6ft table in back of room  | 50  |  |
| 7:00 – 8:00 a.m.  | Breakfast  | Rounds  | 90 |  |
| 10:00 – 10:30 a.m.  | AM Break  | Flow  | 90 |  |
| **Day #5** |
| 12:00 a.m. – 8:00 a.m.  | AV Storage | Empty Room |  |  |

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.

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 |
| --- | --- | --- | --- |
| Day #1  | Single/Double Occupancy | 70  |  |
| Day #2  | Single/Double Occupancy | 80 |  |
| Day #3  | Single/ Double Occupancy | 80 |  |
| Day #4  | Single/ Double Occupancy | 2 |  |
|  |  | 232 |  |

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

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

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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 | Food and Beverage Menu |
| --- | --- |
| **Day #2:**  |
| Breakfast Buffet  |  |
| AM Break |  |
| Lunch – Plated or Buffet. |  |
| P.M. Break  |  |
| **Day #3** |
| Breakfast Buffet  |  |
| AM Break |  |
| Lunch Buffet –  |  |
| PM Break |  |
| **Day #4** |
| Breakfast Buffet  |  |
| AM Break |  |

 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:

|  |
| --- |
|  |
|  |

1. 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. | (3) Complimentary Wired Internet for Registration and Staff Office |  |  |
| 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.  | (3) Complimentary parking for AV & Security (OERS)  |  |  |
| 7.  | Complimentary access to executive lounge for event staff (8) for meal purposes  |  |  |
| 8.  | Internet bundle package for computer lab  |  |  |

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. |
|  |

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

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