

**Attachment 5
Submission Form for
Technical Proposal
(Room Block Only)**

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:	
Web Site:	
Federal Tax ID Number:	

B. Please indicate which dates you are offering for the room block:

Oct 15 & 16, 2012 (preferred date)	
Oct 9 & 10, 2012	

C. 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
Monday, October, 15 or Tuesday, October 16	Single/Double Occupancy	10	
Tuesday, October 16 or Wednesday, October 10	Single/Double Occupancy	60	
Wednesday, Oct 17 or Thursday, Oct 11	Check-Out	0	
		70	

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

Yes	
No	

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

E. 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.	Is the group rate available to attendees 2 days before the program and 2 days after the program		
3.	Is the hotel willing to accept more rooms to the block at the group rate if rooms are available (before and after the cutoff date)?		

F. 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: _____