**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, Zip code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Web Site: |  |
| Federal Tax ID Number: |  |

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Day 1: Set up Only**  **Tuesday, October 16 or Tuesday, November 13, 2012** |  |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | Staff Office | Conference or permanent board room table | 6 |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | Faculty Office | Two rounds | 10 |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | AV Storage Room | Empty |  |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | Registration | Two classroom tables |  |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | General Session | Rounds of 6  Head table for 3 – 6 (TBD)on Stage, (railing behind stage so guests can’t fall off, railing on steps) | 100 |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | Breakout #1 | Crescent rounds of 5 | 35 |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | Breakout #2 | Crescent rounds of 5 | 35 |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | Breakout #3 | Crescent rounds of 5 | 35 |  |
| Day 1: Set up only  24 hour hold  6:00 pm – 11:59 pm | Breakout #4 | Crescent rounds of 5 | 35 |  |
| **Day 2:**  **Wednesday, October 17 or**  **Wednesday, November 14**  **2012** | | | | |
| Day 2:  24 hour hold | Staff Office | Conference or permanent board room table | 6 |  |
| Day 2:  24 hour hold | Faculty Office | Two rounds | 10 |  |
| Day 2:  24 hour hold | AV Storage Room | Empty |  |  |
| Day 2:  7:00 a.m. – 5:00 p.m.  24 hour hold | Registration | Two classroom tables |  |  |
| Day 2:  8:30 a.m. – 5:00 p.m.  24 hour hold | General Session | Rounds of 6  Head table for 3 – 6 (TBD)on Stage, (railing behind stage so guests can’t fall off, railing on steps) | 100 |  |
| Day 2:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #1 | Crescent rounds of 5 | 35 |  |
| Day 2:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #2 | Crescent rounds of 5 | 35 |  |
| Day 2:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #3 | Crescent rounds of 5 | 35 |  |
| Day 2:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #4 | Crescent rounds of 5 | 35 |  |
| Day 2:  3:00 – 3:30 p.m.. | PM Break | Ballroom Foyer | 100 |  |
| **Day 3:**  **Thursday, October 18 or**  **Thursday, November 15**  **2012** | | | | |
| Day 3  24 hour hold | Staff Office | Conference or permanent board room table | 6 |  |
| Day 3  24 hour hold | Faculty Office | Two rounds | 10 |  |
| Day 3  24 hour hold | AV Storage Room | Empty |  |  |
| Day 3  24 hour hold | Registration | Two classroom tables |  |  |
| Day 3:  8:30 a.m. – 5:00 p.m.  24 hour hold | General Session | Rounds of 6  Head table for 3 – 6 (TBD)on Stage, (railing behind stage so guests can’t fall off, railing on steps) | 100 |  |
| Day 3:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #1 | Crescent rounds of 5 | 35 |  |
| Day 3:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #2 | Crescent rounds of 5 | 35 |  |
| Day 3:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #3 | Crescent rounds of 5 | 35 |  |
| Day 3:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #4 | Crescent rounds of 5 | 35 |  |
| Day 3:  7:00 a.m. – 8:30 a.m. | Breakfast | Rounds of 10 | 100 |  |
| Day 3:  10:00 – 10:30 a.m. | AM Break | Ballroom Foyer | 100 |  |
| Day 3:  12:00 – 1:00 p.m. | Lunch | Rounds of 10  Speaker during lunch | 100 |  |
| Day 3:  3:00 – 3:30 p.m. | PM Break | Ballroom Foyer | 100 |  |
| **Day 4:**  **Friday, October 19 or**  **Friday, November 16**  **2012** | | | | |
| Day 4  12:00 a.m. – 5 p.m. | Staff Office | Conference or permanent board room table | 6 |  |
| Day 4  12:00 a.m. – 5 p.m. | Faculty Office | Two rounds | 10 |  |
| Day 4  12:00 a.m. – 5 p.m.  24 hour hold | AV Storage Room | Empty |  |  |
| Day 4  12:00 a.m. – 5 p.m. | Registration | Two classroom tables |  |  |
| Day 4:  8:30 a.m. – 5:00 p.m. | General Session | Rounds of 6  Head table for 3 – 6 (TBD)on Stage, (railing behind stage so guests can’t fall off, railing on steps) | 100 |  |
| Day 4:  8:30 a.m. – 5:00 p.m. | Breakout #1 | Crescent rounds of 5 | 35 |  |
| Day 4:  8:30 a.m. – 5:00 p.m. | Breakout #2 | Crescent rounds of 5 | 35 |  |
| Day 4:  8:30 a.m. – 5:00 p.m.  24 hour hold | Breakout #3 | Crescent rounds of 5 | 35 |  |
| Day 4:  8:30 a.m. – 5:00 p.m. | Breakout #4 | Crescent rounds of 5 | 35 |  |
| Day 4:  7:00 a.m. – 8:30 a.m. | Breakfast | Rounds of 10 | 100 |  |
| Day 4:  10:00 – 10:30 a.m. | AM Break | Ballroom Foyer | 100 |  |

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  10/16/12  Or  11/13/12 | Single/Double Occupancy | 5 |  |
| Day 2  10/17/12  Or  11/14/12 | Single/Double Occupancy | 85 |  |
| Day 3  10/18/12  Or  11/15/12 | Single/ Double Occupancy | 85 |  |
|  |  | 175 |  |

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 : Wednesday**  **10/17/12**  **Or**  **11/14/12** | |
| Breakfast Buffet |  |
| AM Break |  |
| Lunch – Plated or Buffet. |  |
| **Day 3: Thursday**  **10/18/12**  **Or**  **11/15/12** | |
| Breakfast Buffet |  |
| AM Break |  |
| Lunch Buffet – |  |
| PM Break |  |
|  | **Day 4: Friday**  **10/19/12**  **Or**  **11/16/12** |
| 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 staff and OERS (security) |  |  |

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: |  |  |  |