**ATTACHMENT 5**

**SUBMISSION FORM FOR TECHNICAL PROPOSAL**

**(Full Conference Services)**

**Revision No. 1**

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: |  |
| Federal Tax ID Number: |  |

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

|  |  |
| --- | --- |
| **November 14 – 16, 2012** |  |
| **November 26 – 30, 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** |
| --- | --- | --- | --- | --- |
| **Date 1**  |
| 12 noon – 24 hour hold | Staff Office | Conference | 4 |  |
| 12 noon – 24 hour hold | AV Storage | Empty Room |  |  |
| **Date 2** |
| 24-hour hold | Staff Office | Conference | 5 |  |
| 24-hour hold | AV Storage | Empty Room |  |  |
| 24-hour hold | Faculty Room | Conference | 4 |  |
| **24-hour hold****6 AM – 12 PM (set up)** | **General Session**  | **Crescent Rounds****Head Table for 4****Room for Screens and AV** | **130** |  |
| 8 AM – 5 PM | Registration  | Registration (outside General Session Room) | 4 |  |
| 24-hour hold6 AM – 12 PM (set up) | Breakout #1 | Crescent RoundsHead Table for 2Room for screen and AV | 50 |  |
| 24-hour hold6 AM – 12 PM (set up) | Breakout #2 | Crescent RoundsHead Table for 2Room for screen and AV | 40 |  |
| 24-hour hold6 AM – 12 PM (set up) | Breakout #3 | Crescent RoundsHead Table for 2Room for screen and AV | 40 |  |
| 3 PM | PM Break | Flow | 150 |  |
| **Date 3** |
| 24-hour hold | Staff Office | Conference | 5 |  |
| 24-hour hold | AV Storage | Empty Room |  |  |
| 24-hour hold | Faculty Room | Conference | 4 |  |
| 24-hour hold | General Session  | Existing | 130 |  |
| 8 AM – 5 PM | Registration  | Existing | 4 |  |
| 24-hour hold | Breakout #1 | Existing | 50 |  |
| 24-hour hold | Breakout #2 | Existing | 50 |  |
| 24-hour hold | Breakout #3 | Existing | 50 |  |
| 12 PM – 6 PM | Breakout #4 (\*) | Conference  | 10 |  |
| 12 PM – 6 PM | Breakout #5 (\*) | Conference  | 10 |  |
| 12 PM – 6 PM | Breakout #6 (\*) | Conference  | 10 |  |
| 12 PM – 6 PM | Breakout #7 (\*) | Conference  | 10 |  |
| 12 PM – 6 PM | Breakout #8 (\*) | Conference  | 10 |  |
| 12 PM – 6 PM | Breakout #9 (\*) | Conference  | 10 |  |
| 12 PM – 6 PM | Breakout #10 (\*) | Conference  | 10 |  |
| 7:30 AM | Continental Breakfast | Outside General Session | 150 |  |
| 10 AM | AM Break | Flow | 150 |  |
| 12 PM | Lunch | Separate Room | 150 |  |
| 3 PM | PM Break | Flow | 150 |  |
| **Date 4** |
| 24-hour hold | Staff Office | Conference | 5 |  |
| 24-hour hold | AV Storage | Empty Room |  |  |
| 24-hour hold | Faculty Room | Conference | 4 |  |
| 24-hour hold | General Session  | Existing | 130 |  |
| 24-hour hold | Breakout #1 | Existing | 50 |  |
| 24-hour hold | Breakout #2 | Existing | 50 |  |
| 24-hour hold | Breakout #3 | Existing | 50 |  |
| 7:30 AM | Continental Breakfast | Outside General Session | 150 |  |
| 10 AM | AM Break | Flow | 150 |  |

(\*) Please note that the breakouts #4 - #10 on Day 3, can use 1 large room, the general session room or many small rooms for a combination of 10 roundtables.

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.

**San Diego:**

|  | **Proposing Date(s)** | **Type of Sleeping Room** | **Estimated Number of Sleeping Rooms** | **Confirm Number of Rooms able to provide** |
| --- | --- | --- | --- | --- |
| Date 1 |  | Single/Double Occupancy | 10 |  |
| Date 2 |  | Single/Double Occupancy | 125 |  |
| Date 3 |  | Single/Double Occupancy | 125 |  |
| Date 4 |  | Single/Double Occupancy | 2 |  |
|  |  |  | 262 |  |

**San Francisco:**

|  | **Proposing Date(s)** | **Type of Sleeping Room** | **Estimated Number of Sleeping Rooms** | **Confirm Number of Rooms able to provide** |
| --- | --- | --- | --- | --- |
| Date 1 |  | Single/Double Occupancy | 0 |  |
| Date 2 |  | Single/Double Occupancy | 105 |  |
| Date 3 |  | Single/Double Occupancy | 105 |  |
| Date 4 |  | Single/Double Occupancy | 0 |  |
|  |  |  | 210 |  |

 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 |
| --- | --- |
| **Date 2** |
| PM Break |  |
| **Date 3** |
| Breakfast Buffet  |  |
| AM Break |  |
| Lunch  |  |
| PM Break |  |
| **Date 4** |
| Breakfast Buffet |  |
| AM Break |  |
| ~~Lunch~~ |  |
| ~~PM 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. | 1 Complimentary Registration area telephone |  |  |
| 2. | 10 Complimentary easels |  |  |
| 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 and Security (OERS) |  |  |
| 7. | Complimentary access to executive lounge for event staff (8) for meal purposes |  |  |

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

|  |
| --- |
|  |
|  |

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

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

***END OF ATTACHMENT***