

**ATTACHMENT 5
SUBMISSION FORM FOR TECHNICAL PROPOSAL
(Full Conference Services)
Revision No. 1**

A. 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:	

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

November 14 – 16, 2012	
November 26 – 30, 2012	

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.

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	

Time	Function	Set Up	Expected Attendance	Room Name Sq. Footage
<u>24-hour hold</u> <u>6 AM – 12 PM (set up)</u>	<u>General Session</u>	<u>Crescent Rounds</u> <u>Head Table for 4</u> <u>Room for Screens and AV</u>	<u>130</u>	
8 AM – 5 PM	Registration	Registration (outside General Session Room)	4	
24-hour hold 6 AM – 12 PM (set up)	Breakout #1	Crescent Rounds Head Table for 2 Room for screen and AV	50	
24-hour hold 6 AM – 12 PM (set up)	Breakout #2	Crescent Rounds Head Table for 2 Room for screen and AV	40	
24-hour hold 6 AM – 12 PM (set up)	Breakout #3	Crescent Rounds Head Table for 2 Room 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.

D. 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	

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	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:

G. 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		

