

**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:	
Federal Tax ID Number:	

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

<b>April 7 – 10, 2013</b>	
<b>April 8 – 11, 2013</b>	
<b>April 21 - 25, 2013</b>	
<b>April 22 – 26, 2013</b>	

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
Day 1	Single/Double Occupancy	48	
Day 2	Single/Double Occupancy	48	
Day 3	Single/ Double Occupancy	48	
Day 4	Single/ Double Occupancy	48	
		192	

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.		

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: \_\_\_\_\_