**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, Zipcode |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |

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

|  |  |
| --- | --- |
| **Sept. 23 - 27, 2013** |  |
| **Sept. 16 - 20, 2013** |  |
| **October 14 - 18, 2013** |  |

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 – Date 5** |
| 5p – 24 hours | AV storage | n/a | 5 |  |
| 5p – 24 hours | Registration | Reg. desk or 3 6ft tables | flow |  |
| 5p – 24 hours | Staff Office | 2 rounds of 8 | 10 |  |
| 5p – 24 hours | Faculty Office | 2 rounds of 10 | 20 |  |
| **Date 2** |
| 7am – 24 hours | Meeting 1 | 3 rounds of 8 | 20 |  |
| 7am – 24 hours | Meeting 2 | 3 rounds of 8 | 20 |  |
| 12pm | Lunch | Rounds | 10 |  |
| 3pm | PM Break | Buffet/flow | 15-20 |  |
| 3pm – 24 hours | General Session room set-up | Crescent Rounds w/riser at head of room | 350 |  |
| **Date 3** |
| 7am-8:30am | Breakfast | Buffet/rounds | 250 |  |
| 10am – 10:30am | AM Break | Buffet | 250 |  |
| 24 hours | General Session | Crescent Rounds | 300 |  |
| 12p – 1:30pm | Lunch (has to be other than GS space) | Rounds | 175 |  |
| 12p – 1:00pm | Lunch for board members | Rounds | 75 |  |
| 24 hours | Breakout 1 | Crescent Rounds | 100 |  |
| 24 hours | Breakout 2 | Crescent Rounds | 100 |  |
| 24 hours | Breakout 3 | Crescent Rounds | 50 |  |
| 24 hours | Breakout 4 | Crescent Rounds | 50 |  |
| 24 hours | Breakout 5 | Crescent Rounds | 50 |  |
| 3pm- 3:15pm | PM Break | Buffet | 250 |  |
| **Date 4** |
| 7am-8:30am | Breakfast | Buffet/rounds | 350 |  |
| 10am – 10:30am | AM Break | Buffet | 350 |  |
| 12p – 1:30pm | Lunch | Rounds | 350 |  |
| 24 hours | Breakout 1 | Crescent Rounds | 150 |  |
| 24 hours | Breakout 2 | Crescent Rounds | 120 |  |
| 24 hours | Breakout 3 | Crescent Rounds | 60 |  |
| 24 hours | Breakout 4 | Crescent Rounds | 50 |  |
| 24 hours | Breakout 5 | Crescent Rounds | 30 |  |
| 24 hours | Breakout 6 | Classroom w/Internet (must be able to fit 20 laptops with wireless service) | 20 |  |
| 24 hours | Breakout 7 | Classroom w/Internet (must be able to fit 20 laptops with wireless service) | 20 |  |
| 3pm- 3:15pm | PM Break | Buffet | 350 |  |
| **Date 5** |
| 7am – 8:30am | Breakfast | Buffet/Rounds | 200 |  |
| 10:00am – 10:30am | AM Break | Buffet | 200 |  |
| 24 hours- 1pm | Breakout 1 | Crescent Rounds | 150 |  |
| 24 hours – 1pm | Breakout 2 | Crescent Rounds | 75 |  |
| 24 hours – 1pm | Breakout 3 | Crescent Rounds | 50 |  |
| 24 hours – 1pm | Breakout 4 | Crescent Rounds | 50 |  |
| 24 hours – 1pm | Breakout 5 | Crescent Rounds | 30 |  |

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.

|  | 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 | 150 |  |
| Date 3 |  | Single/Double Occupancy | 250 |  |
| Date 4 |  | Single/Double Occupancy | 200 |  |
| Date 5 |  | Single/ Double Occupancy | n/a | n/a |
|  |  |  | 610 |  |

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** |
| Lunch |  |
| PM Break |  |
| **Date 3** |
| Breakfast Buffet  |  |
| AM Break |  |
| Lunch  |  |
| PM Break |  |
| **Date 4** |
| Breakfast Buffet  |  |
| AM Break |  |
| Lunch  |  |
| PM Break |  |
|  |  |
| **Date 5** |
| 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. | (1) Complimentary Registration area telephone |  |  |
| 2. | (20) Complimentary easels |  |  |
| 3. | (4) Complimentary Wired Internet for Registration and Staff Office |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out keys for staff (3 for Staff Office and 3 for AV storage). |  |  |
| 5. | (8) Complimentary Parking for event staff |  |  |
| 6. | Complimentary room policy (example: 1 complimentary room for 40 rooms booked) |  |  |

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: |  |  |  |

**The Judicial Council of California, Administrative Office of the Courts, Conference & Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.**