

**Attachment 5  
Submission Form for  
Technical Proposal  
(Full Service)**

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. 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.

<b>Time</b>	<b>Function</b>	<b>Set Up</b>	<b>Expected Attendance</b>	<b>Room Name Sq. Footage</b>
<b>Tuesday, June 11, 2013</b>				
7:00am 4:00pm – 24 hour hold	General Session	Crescent Rounds	50	
7:00am 4:00pm	Registration	Outside room	flow	
<b>Wednesday, June 12, 2013</b>				
24 hour hold	General Session	Crescent Rounds	50	
9:00am – 3:00pm	Breakout #1	Conference	5-7	
9:00am – 3:00pm	Breakout #2	Conference	5-7	
9:00am – 3:00pm	Breakout #3	Conference	5-7	
<b>Thursday, June 13, 2013</b>				
7:00am 4:00pm	Registration	Outside room	flow	

<b>Time</b>	<b>Function</b>	<b>Set Up</b>	<b>Expected Attendance</b>	<b>Room Name Sq. Footage</b>
24 hour hold	General Session	Crescent Rounds	60	
<b>Friday, June 14, 2013</b>				
24 hour hold – 5:00pm	General Session	Crescent Rounds	60	

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.

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	Confirm Number of Upgrades able to provide
Monday, June 10, 2013	Single/Double Occupancy	10		
Tuesday, June 11, 2013	Single/Double Occupancy	30		
Wednesday, June 12, 2013	Single/Double Occupancy	20		
Thursday, June 13, 2013	Single/ Double Occupancy	40		
		100		

Are Sleeping rooms compliant with American Disabilities Act (ADA)?

Yes	
No	

D. Propose the cut-off date for reservations: \_\_\_\_\_

E. 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

Type of Group Meal	Food and Beverage Menu
<b>Tuesday, June 11, 2013</b>	
Lunch – Box/Buffer	
<b>Wednesday, June 12, 2013</b>	
Lunch – Box/Buffer	
<b>Thursday, June 13, 2013</b>	
Lunch – Box/Buffer	
<b>Friday, June 14, 2013</b>	
Lunch – Box/Buffer	

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:

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F. Other Program Needs (identify if included in other proposed pricing):

Item No.	Description	Approved (please note if approved)	Alternative
1.	(1) complimentary Easel		
2.	Complimentary Internet for Meeting Rooms		
3.	Breakfast included in the sleeping room rate		
4.	Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room.		

G. 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.

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

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Signature Print Name

Title: \_\_\_\_\_