**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: |  |

Please indicate which date(s) you are offering for the program

|  |  |
| --- | --- |
| April 30-May 2, 2014 |  |
| May 5-7, 2014 |  |
| May 7-9, 2014 |  |

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** |
| --- | --- | --- | --- | --- |
| **Day 1** |
| 12 noon – 24 hour hold | Staff Office | Conference | 5 |  |
| 12 noon – 24 hour hold | AV Storage | empty |  |  |
| **Day 2** |
| 24 hour hold | Staff Office | Conference | 5 |  |
| 24 hour hold | AV Storage | Empty Room |  |  |
| 8am – 24 hour hold | Faculty Room | Conference | 5 |  |
| 6:30am – 5:00pm | Registration  | Registration  | flow |  |
| 6:30am – 24 hour hold | General Session | Crescent Rounds of 5-6Head table for 10 on Stage, Standing Podium | 100 |  |
| 6am – 24 hour hold | Breakout #1 | Crescent roundsHead table for 3 | 50 |  |
| 6am – 24 hour hold | Breakout #2 | Crescent roundsHead table for 3 | 50 |  |
| **Day 3** |
| 24 hour hold | Staff Office | Conference | 5 |  |
| 24 hour hold | AV Storage | Empty Room |  |  |
| 8am – 24 hour hold | Faculty Room | Conference | 5 |  |
| 6:30am – 5:00pm | Registration  | Registration  | flow |  |
| 6:30am – 24 hour hold | General Session | Rounds of 6 – 8Head table for 10 on Stage, Standing Podium | 100 |  |
| 6am – 24 hour hold | Breakout #1 | Crescent roundsHead table for 3 | 50 |  |
| 6am – 24 hour hold | Breakout #2 | Crescent roundsHead table for 3 | 50 |  |
| 11:30am – 2pm | Lunch | Rounds of 8Head table on a Stage for 3Standing Podium | 110 |  |
| **Day 4** |
| 24 hour hold | Staff Office | Conference | 5 |  |
| 24 hour hold | AV Storage | Empty Room |  |  |
| 8am – 24 hour hold | Faculty Room | Conference | 5 |  |
| 6:30am – 5:00pm | Registration  | Registration  | flow |  |
| 6:30am – 24 hour hold | General Session | Rounds of 6 – 8Head table for 10 on Stage, Standing Podium | 100 |  |
| 6am – 24 hour hold | Breakout #1 | Crescent roundsHead table for 3 | 50 |  |
| 6am – 24 hour hold | Breakout #2 | Crescent roundsHead table for 3 | 50 |  |

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.

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Date 1 | Single/Double Occupancy | 5 |  |
| Date 2 | Single/Double Occupancy | 90 |  |
| Date 3 | Single/ Double Occupancy | 90 |  |
|  |  | 185 |  |

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 |
| --- | --- |
| **Day 2** |
| PM Break |  |
| **Day 3** |
| Breakfast Buffet  |  |
| AM Break |  |
| Lunch (Plated-2 course)  |  |
| PM Break |  |
| **Day 4** |
| 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. | Complimentary Registration area telephone |  |  |
| 2. | (7) Complimentary easels |  |  |
| 3. | Complimentary Wired Internet for Registration and Wireless for 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. | (2) Complimentary Podiums. |  |  |
| 7. | (2) Complimentary risers. |  |  |

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: |  |  |  |