

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

June 2 - 5, 2013	
June 9 – 12, 2013	
June 16 - 19, 2013	

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
Day 1				
12 noon – 24 hour hold	Staff Office	Conference	4	
12 noon – 24 hour hold	AV Storage	Empty Room		
Day 2				

Time	Function	Set Up	Expected Attendance	Room Name Sq. Footage
24 hour hold	Staff Office	Conference	4	
24 hour hold	AV Storage	Empty Room		
24 hour hold 1pm	General Session	Crescent Rounds of 5 Headtable for 3, Screen, LCD,	70	
8am – 1pm	Registration	Registration (outside General Session Room)		
24 hour hold 1pm	Breakout #1	Crescent Rounds	40	
24 hour hold 1pm	Breakout #2	Crescent Rounds	20	
Day 3				
24 hour hold	Staff Office	Conference	4	
24 hour hold	AV Storage	Empty Room		
24 hour hold 1pm	General Session	Crescent Rounds of 5 Headtable for 3, Screen, LCD,	70	
8am – 1pm	Registration	Registration (outside General Session Room)		
24 hour hold 1pm	Breakout #1	Crescent Rounds	40	
24 hour hold 1pm	Breakout #2	Crescent Rounds	20	
24 hour hold 8am – 5pm	Breakout #3	Conference	10	
24 hour hold 8am – 5pm	Breakout #4	Conference	10	
24 hour hold 8am – 5pm	Breakout #5	Conference	10	
24 hour hold 8am – 5pm	Breakout #6	Conference	10	
11am – 1:30pm	Lunch	Rounds of 8	70	
Day 4				
24 hour hold	Staff Office	Conference	4	
24 hour hold	AV Storage	Empty Room		
24 hour hold 1pm	General Session	Crescent Rounds of 5 Headtable for 3, Screen, LCD,	70	
24 hour hold 1pm	Breakout #1	Crescent Rounds	40	
24 hour hold 1pm	Breakout #2	Crescent Rounds	20	

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.

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Day 1	Single/Double Occupancy	5	
Day 2	Single/Double Occupancy	63	
Day 3	Single/ Double Occupancy	63	
		131	

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
Day 2	
PM Break	
Day 3	
Breakfast (include hot protein items, fresh fruit)	
AM Break	
Lunch – Plated or Buffet.	
AM Break	
Day 4	
Breakfast (include hot protein items, fresh fruit)	
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:

G. 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.	(10) Complimentary easels		
3.	Complimentary Wired Internet for Registration and Staff Office (wireless ok)		
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.		

H. 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: _____