

**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.

Time	Function	Set Up	Expected Attendance	Room Name Sq. Footage
Sunday, January 5, 2014				
12 noon – 8:00pm	Faculty Office	Conference	6	
12 noon – 8:00pm	Faculty Office	Conference	6	

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	
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No	
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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
Sunday, January 5, 2014	Single/Double Occupancy	120	
Monday, January 6, 2014	Single/Double Occupancy	120	
Tuesday, January 7, 2014	Single/ Double Occupancy	120	
Wednesday, January 8, 2014	Single/Double Occupancy	120	
Thursday, January 9, 2014	Single/ Double Occupancy	120	
		600	

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
5.	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.

H. Signature (must be completed by proposer):

SIGNED this _____ day of _____, 20_____.

By: _____
Signature Print Name

Title: _____