**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: |  |
| Web Site:  |  |
| Hotel Check-in and Check-out time  |  |
| Guest room reservation cancellation policy  |  |

1. Please indicate that you can accommodate the requested program dates below by checking the appropriate box:

|  |  |  |
| --- | --- | --- |
| **February 25 – 28, 2014** | **Yes** | **No** |

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** |
| --- | --- | --- | --- | --- |
| **Wednesday, February 26, 2014** |
| 6:00 a.m. – 24 hr hold  | Staff Office | Conference | 4 |  |
| 6:00 a.m. – 24 hr hold  | AV Storage | Empty Room |  |  |
| 6:00 a.m. – 24 hr hold  | Faculty Room  | Conference | 10 |  |
| 6:00 a.m. – 24 hr hold  | Registration  | 2 tables/2chairs \*Foyer space ok | Flow  |  |
| 6:00 a.m. – 24 hr hold  | General Session  | Crescent rounds of 5 – 6\*Headtable for 2 on riser.  | 160  |  |
| 3:00 – 3:30 p.m.  | P.M. Break  | Foyer  | Flow 160 |  |
| 6:00 p.m. – 24 hr hold\*Set-up only  | Breakout #1  | Crescent rounds of 6 \*Headtable for 2  | 80  |  |
| 6:00 p.m. – 24 hr hold\*Set-up only  | Breakout #2  | Crescent rounds of 6 \*Headtable for 2  | 50  |  |
| 6:00 p.m. – 24 hr hold\*Set-up only  | Breakout #3 | Crescent rounds of 6 \*Headtable for 2  | 40  |  |
| **Thursday, February 27, 2014** |
| 6:00 a.m. – 24 hr hold  | Staff Office | Conference | 4 |  |
| 6:00 a.m. – 24 hr hold  | AV Storage | Empty Room |  |  |
| 6:00 a.m. – 24 hr hold  | Faculty Room  | Conference | 10 |  |
| 6:00 a.m. – 24 hr hold  | Registration  | 2 tables/2chairs \*Foyer space ok | Flow  |  |
| 6:00 a.m. – 24 hr hold  | Breakout #1  | Crescent rounds of 6 \*Headtable for 2  | 80  |  |
| 6:00 a.m. – 24 hr hold  | Breakout #2  | Crescent rounds of 6 \*Headtable for 2  | 50  |  |
| 6:00 a.m. – 24 hr hold  | Breakout #3 | Crescent rounds of 6 \*Headtable for 2  | 40  |  |
| 12:00 p.m. – 5:00 p.m.  | Breakout #4 | Rounds of 8 | 24  |  |
| 12:00 p.m. – 5:00 p.m  | Breakout #5 | Rounds of 8 | 24  |  |
| 12:00 p.m. – 5:00 p.m  | Breakout #6 | Rounds of 8 | 24  |  |
| 7:00 – 8:00 a.m. / 12:00- 1:00 p.m.  | Breakfast & Lunch room  | Rounds of 10\*No speaker during lunch  | 160  |  |
| 10:00 – 10:30 a.m.  | A.M. Break  | Foyer  | 160  |  |
| 3:00 – 3:30 p.m.  | P.M. Break  | Foyer  | 160  |  |
| **Friday, February 28, 2014** **AV Strike 12 – 2 p.m.**  |
| 6:00 a.m. – 2:00 p.m.  | Staff Office | Conference | 4 |  |
| 6:00 a.m. – 5:00 p.m. | AV Storage | Empty Room |  |  |
| 6:00 a.m. – 2:00 p.m.  | Faculty Room  | Conference | 10 |  |
| 6:00 a.m. – 2:00 p.m.  | Registration  |  | Flow  |  |
| 6:00 a.m. – 2:00 p.m.  | Breakout #1  | Crescent rounds of 6 \*Headtable for 2 | 80  |  |
| 6:00 a.m. – 2:00 p.m.  | Breakout #2  | Crescent rounds of 6 \*Headtable for 2 | 50  |  |
| 6:00 a.m. – 2:00 p.m.  | Breakout #3 | Crescent rounds of 6 \*Headtable for 2  | 40  |  |
| 7:00 – 8:00 a.m.  | Breakfast  | Rounds of 10  | 160  |  |
| 10:00 – 10:30 a.m.  | A.M. Break  | Foyer  | 160  |  |

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 |
| --- | --- | --- | --- |
| Tuesday, February 25, 2014 | Single Occupancy | 5 |  |
| Wednesday, February 26, 2014 | Single Occupancy | 125 |  |
| Thursday, February 27, 2014 | Single Occupancy | 125 |  |
| Friday, February 28, 2014 | Single Occupancy | 2 |  |
|  |  | 257 |  |

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

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Propose detailed 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 |
| --- | --- |
| **Wednesday, February 26, 2014** |
| PM Break |  |
| **Thursday, February 27, 2014**  |
| Breakfast Buffet  |  |
| AM Break |  |
| Lunch – Plated and Buffet options. |  |
| PM Break |  |
| **Friday, February 28, 2014** |
| 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 telephone (for registration or staff office) |  |  |
| 2. | (10) Complimentary easels |  |  |
| 3. | 4 Complimentary Wired Internet for Registration (2) and Staff Office (2) |  |  |
| 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. | Wireless internet connection in General Session and (2) Break-outs, daily. |  |  |

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: |  |  |  |

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