

ATTACHMENT 5
SUBMISSION FORM FOR TECHNICAL PROPOSAL
(Full Conference Services)

A. Proposer’s name, address, telephone and fax numbers, email and federal tax identification number.

Firm (Legal Name):	
Address:	
Address Line 2:	
City, State, Zip code	
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
Date 1 – Date 5				
3:00 PM – 24 hours	AV storage	n/a	5	
3:00 PM – 24 hours	Registration	Reg. desk or 3 6 ft tables	flow	
3:00 PM – 24 hours	Staff Office	2 rounds of 8	10	
3:00 PM – 24 hours	Faculty Office	2 rounds of 10	20	
Date 2				
7:00 AM – 24 hours	Meeting 1	3 rounds of 8	20	
7:00 AM – 24 hours	Meeting 2	3 rounds of 8	20	
3:00 PM	PM Break	Buffet/flow	15-20	
3:00 PM – 24 hours	General Session room set-up	Crescent Rounds w/riser at head of room	350	
Date 3				
7:00 AM-8:30 AM	Breakfast	Buffet/rounds	250	

Time	Function	Set Up	Expected Attendance	Room Name Sq. Footage
10:00 AM – 10:30 AM	AM Break	Buffet	250	
24 hours	General Session	Crescent Rounds	300	
12:00 PM – 1:30 PM	Lunch (has to be other than GS space)	Rounds	175	
12:00 PM – 1:00 PM	Lunch for board members	Rounds	75	
24 hours	Breakout 1	Crescent Rounds	100	
24 hours	Breakout 2	Crescent Rounds	100	
24 hours	Breakout 3	Crescent Rounds	50	
24 hours	Breakout 4	Crescent Rounds	50	
3:00 PM - 3:15 PM	PM Break	Buffet	250	
Date 4				
7:00 AM - 8:30 AM	Breakfast	Buffet/rounds	350	
10:00 AM – 10:30 AM	AM Break	Buffet	350	
12:00 PM – 1:30 PM	Lunch	Rounds	350	
24 hours	Breakout 1	Crescent Rounds	120	
24 hours	Breakout 2	Crescent Rounds	70	
24 hours	Breakout 3	Crescent Rounds	60	
24 hours	Breakout 4	Crescent Rounds	60	
24 hours	Breakout 5	Crescent Rounds	50	
24 hours	Breakout 6	Classroom w/Internet (must be able to fit 20 laptops with wireless service)	20	
24 hours	Breakout 7	Classroom w/Internet (must be able to fit 20 laptops with wireless service)	20	
3:00 PM - 3:15 PM	PM Break	Buffet	350	
Date 5				
7:00 AM – 8:30 AM	Breakfast	Buffet/Rounds	200	
10:00 AM – 10:30 AM	AM Break	Buffet	200	
24 hours – 1:00 PM	Breakout 1	Crescent Rounds	125	
24 hours – 1:00 PM	Breakout 2	Crescent Rounds	75	
24 hours – 1:00 PM	Breakout 3	Crescent Rounds	50	

Are Sleeping 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.

	Proposing Date(s)	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Date 1		Single/Double Occupancy	10	
Date 2		Single/Double Occupancy	150	
Date 3		Single/Double Occupancy	300	
Date 4		Single/Double Occupancy	200	
Date 5		Single/ Double Occupancy	N/A	N/A
			660	

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
Date 2	
PM Break	
Date 3	
Breakfast Buffet	
AM Break	
Lunch	
PM Break	
Date 4	
Breakfast Buffet	
AM Break	
Lunch	
PM Break	
Date 5	
Breakfast Buffet	
AM Break	

