

**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. 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, September 9, 2012 | | | | |
| 2:00 pm – 8:00 pm | Faculty Meeting | Boardroom or Conference | 5 | |
| 2:00 pm – 8:00 pm | Faculty Meeting | Boardroom or Conference | 5 | |

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

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

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 | Requested Upgrades at Group Rate | Confirm Number of Rooms able to provide | Confirm Number of Upgrades able to provide |
|-------------------------|--------------------------|------------------------------------|----------------------------------|---|--|
| Sunday, September 9 | Single/Double Occupancy | 90 | 0 | | N/A |
| Monday, September 10 | Single/Double Occupancy | 90 | 0 | | N/A |
| Tuesday, September 11 | Single/Double Occupancy | 90 | 0 | | N/A |
| Wednesday, September 12 | Single/Double Occupancy | 70 | 0 | | N/A |
| Thursday, September 13 | Single/ Double Occupancy | 70 | 0 | | N/A |
| | | 410 | 0 | | |

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

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

D. Propose the cut-off date for reservations: _____

E. Propose cancellation deadline for individual reservations: _____

F. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Proposed Amount |
|----------|---|------------------------------------|-----------------|
| 1. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. | | |
| 2. | Extend sleeping room rate pre and post program – please indicate how many days room rate can be extended. | | |

G. 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: _____