**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: |  |

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

|  |  |
| --- | --- |
| **March 27 – 30, 2012** |  |
| **April 4 – 7, 2012** |  |

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** |
| --- | --- | --- | --- | --- |
| DAY #1: Tuesday, March 27th or Wednesday, April 4th | | | | |
| Day 1: Set Up Only 3:00 p.m. – 24 hour hold | Staff Office | Conference | 5 |  |
| Day 1: Set Up Only 3:00 p.m. – 24 hour hold | Faculty Office | 2 rounds | 10 |  |
| Day 1: Set Up Only 3:00 p.m. – 24 hour hold | AV Storage | Empty Room |  |  |
| Day 1: Set Up Only 3:00 p.m. – 24 hour hold | Registration Desk | Existing Reg Desk or two 6ft tables w/ 3 classroom against the wall | 250 |  |
| Day 1: Set Up Only 6:00 p.m. – 24 hour hold | General Session  Set Up | Rounds of 8  Head table for 5 on Stage | 250 |  |
| Day 1: Set Up Only 6:00 p.m. – 24 hour hold | Break out #1 | Crescent rounds of 6 | 100 |  |
| Day 1: Set Up Only 6:00 p.m. – 24 hour hold | Break out #2 | Crescent rounds of 6 | 100 |  |
| Day 1: Set Up Only 6:00 p.m. – 24 hour hold | Break out #3 | Crescent rounds of 6 | 70 |  |
| Day 1: Set Up Only 6:00 p.m. – 24 hour hold | Break out #4 | Crescent rounds of 6 | 50 |  |
| DAY #2: Wed, March 28th or Thur, April 5th through Day #3: Thur, March 29 or Fri, April 6th | | | | |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | Staff Office | Conference | 5 |  |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | Faculty Office | 2 rounds | 10 |  |
| Day 2 – 3:  24 hour hold | AV Storage | Empty Room |  |  |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | Registration Desk | Existing Reg Desk or two 6ft tables w/ 3 classroom against the wall | 250 |  |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | General Session  Set Up | Rounds of 8  Head table for 5 on Stage | 250 |  |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | Break out #1 | Crescent rounds of 6 | 100 |  |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | Break out #2 | Crescent rounds of 6 | 100 |  |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | Break out #3 | Crescent rounds of 6 | 70 |  |
| Day 2 – 3:  24 hour hold until 5:00 p.m. on day 3 | Break out #4 | Crescent rounds of 6 | 50 |  |
| 7:00 – 8:00 a.m. | Breakfast | Rounds | 250 |  |
| 10:00 – 10:30 a.m. | AM Break | Foyer | 250 |  |
| 12:00 – 1:00 p.m. | Lunch | Rounds | 250 |  |
| 3:00 – 3:30 p.m. | PM Break | Foyer | 250 |  |
| Day #4 Fri, March30 or Sat, April 7th | | | | |
| Day 3- 4:  24 hour hold – 8:00 a.m. on day #4 | AV Storage | Empty Room |  |  |

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, March 27th or Wednesday, April 4th | Single/Double Occupancy | 7 |  |
| Wednesday, March 28th or Thursday, April 5th | Single/Double Occupancy | 195 |  |
| Thursday, March 29th or Friday, April 6th | Single/ Double Occupancy | 3 |  |
|  |  | 205 |  |

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

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

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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: Wed, March 28th or Thur, April 5th** | |
| Lunch – Plated or Buffet |  |
| PM Break |  |
| **Day #3: Thur, March 29 or Fri, April 6th** | |
| Breakfast Buffet |  |
| AM Break |  |
| Lunch – Plated or Buffet |  |

Are you able to provide Kosher Meals at the same price as the group rate?

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

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 Registration area telephone |  |  |
| 2. | (10) Complimentary easels |  |  |
| 3. | (3) Complimentary Wired Internet for Registration and Staff Office |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 5. | Complimentary room policy |  |  |
| 6. | (3) Comp parking for AV & Security (ERS) |  |  |
| 7. | Complimentary access to executive lounge for event staff (8) for meal purposes |  |  |

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: |  |  |  |