

**Attachment 5
Submission Form for
Technical Proposal
(Room Block Only)**

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:	
Web site:	
Federal Tax ID Number:	

B. 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
Monday, March 26, 2012	Single/Double Occupancy	50	
Tuesday, March 27, 2012	Single/Double Occupancy	50	
Wednesday, March 28, 2012	Single/ Double Occupancy	2	
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Are Sleeping rooms compliant with American Disabilities Act (ADA)?

Yes	
No	

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

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

Item No.	Description	Approved (please note if approved)	Alternative
1.	Is the hotel willing to accept more rooms to the block at the group rate if rooms are available (before and after the cutoff date)?		

E. 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.

F. Signature (must be completed by proposer):

SIGNED this _____ day of _____, 20_____.

By: _____
Signature Print Name

Title: _____