

**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. Please indicate which dates you are offering for the program

<b>Sept. 23 - 27, 2013</b>	
<b>Sept. 16 - 20, 2013</b>	
<b>October 14 - 18, 2013</b>	

C. **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.

<b>Time</b>	<b>Function</b>	<b>Set Up</b>	<b>Expected Attendance</b>	<b>Room Name Sq. Footage</b>
<b>Date 1 – Date 5</b>				
5p – 24 hours	AV storage	n/a	5	
5p – 24 hours	Registration	Reg. desk or 3 6ft tables	flow	

Time	Function	Set Up	Expected Attendance	Room Name Sq. Footage
5p – 24 hours	Staff Office	2 rounds of 8	10	
5p – 24 hours	Faculty Office	2 rounds of 10	20	
<b>Date 2</b>				
7am – 24 hours	Meeting 1	3 rounds of 8	20	
7am – 24 hours	Meeting 2	3 rounds of 8	20	
12pm	Lunch	Rounds	10	
3pm	PM Break	Buffet/flow	15-20	
3pm – 24 hours	General Session room set-up	Crescent Rounds w/riser at head of room	350	
<b>Date 3</b>				
7am-8:30am	Breakfast	Buffet/rounds	250	
10am – 10:30am	AM Break	Buffet	250	
24 hours	General Session	Crescent Rounds	300	
12p – 1:30pm	Lunch (has to be other than GS space)	Rounds	175	
12p – 1:00pm	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	
24 hours	Breakout 5	Crescent Rounds	50	
3pm- 3:15pm	PM Break	Buffet	250	
<b>Date 4</b>				
7am-8:30am	Breakfast	Buffet/rounds	350	
10am – 10:30am	AM Break	Buffet	350	
12p – 1:30pm	Lunch	Rounds	350	
24 hours	Breakout 1	Crescent Rounds	150	
24 hours	Breakout 2	Crescent Rounds	120	
24 hours	Breakout 3	Crescent Rounds	60	
24 hours	Breakout 4	Crescent Rounds	50	
24 hours	Breakout 5	Crescent Rounds	30	
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	
3pm- 3:15pm	PM Break	Buffet	350	
<b>Date 5</b>				
7am – 8:30am	Breakfast	Buffet/Rounds	200	
10:00am – 10:30am	AM Break	Buffet	200	
24 hours- 1pm	Breakout 1	Crescent Rounds	150	
24 hours – 1pm	Breakout 2	Crescent Rounds	75	
24 hours – 1pm	Breakout 3	Crescent Rounds	50	
24 hours – 1pm	Breakout 4	Crescent Rounds	50	
24 hours – 1pm	Breakout 5	Crescent Rounds	30	

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.

D. 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	250	
Date 4		Single/Double Occupancy	200	
Date 5		Single/ Double Occupancy	n/a	n/a
			610	

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

Yes	
No	

E. Propose the cut-off date for reservations: \_\_\_\_\_

F. 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
<b>Date 2</b>	
Lunch	
PM Break	

Type of Group Meal	Food and Beverage Menu
<b>Date 3</b>	
Breakfast Buffet	
AM Break	
Lunch	
PM Break	
<b>Date 4</b>	
Breakfast Buffet	
AM Break	
Lunch	
PM Break	
<b>Date 5</b>	
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:

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

Item No.	Description	Approved (please note if approved)	Alternative
1.	(1) Complimentary Registration area telephone		
2.	(20) Complimentary easels		
3.	(4) Complimentary Wired Internet for Registration and Staff Office		
4.	Staff Office and AV storage area on total lock out – complimentary lock out keys for staff (3 for Staff Office and 3 for AV storage).		
5.	(8) Complimentary Parking for event staff		
6.	Complimentary room policy (example: 1 complimentary room for 40 rooms booked)		

H. 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.

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H. Signature (must be completed by proposer):

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Signature
Print Name

Title: \_\_\_\_\_

**The Judicial Council of California, Administrative Office of the Courts, Conference & Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.**