**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, Zip code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |

Please indicate which date(s) you are offering for the program

|  |  |  |  |
| --- | --- | --- | --- |
| **Preference** | **Dates** | **Yes** | **No** |
| Preferred Date (Date1-4) | September 30-October 3, 2014 |  |  |
| Choice 2 (Date 1 -4) | September 16-19, 2014 |  |  |
| Choice 3 (Date 1- 4) | September 2-5, 2014 |  |  |

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.

| **Date** | **Time** | **Function** | **Location** | **Set Up** | **Estimated Attendance** |
| --- | --- | --- | --- | --- | --- |
| **Day 1-4** | | | | |  |
| Date 1-4 | 7 am – 24 hr hold | Staff Office |  | Rounds | 10 |
| Date 1-4 | 7 am – 24 hr hold | AV Storage |  | N/A | 5 |
| Date 1-4 | 7 am – 24 hr hold | Faculty Office |  | Rounds | 10 |
| Date 1-4 | 7 am – 24 hr hold | Hospitality Office |  | Conference | 8 |
| Date 1-4 | 7 am – 24 hr hold | Registration |  | 2-6ft tables or built-in | Flow |
| **Date 1** | | | | |  |
| Date 1 | 7:00 – 8:00 am | Breakfast |  | Rounds | 30 |
| Date 1 | 8 am – 24 hr. hold | Breakout #1 |  | Crescent Rounds | 30 |
| Date 1 | 12:00 – 1:00 pm | Lunch |  | Rounds | 30 |
| Date 1 | 3:00 – 3:15 pm | PM Break |  | Buffet | 15 |
| Date 1 | 3:00 pm – 24 hr hold | General Session Room Set –up |  | Crescent rounds/Riser/  Lectern | 350 |
| **Date 2** | | | | |  |
| Date 2 | 7:00 – 8:30 am | Breakfast |  | Buffet/Rounds | 200 |
| Date 2 | 24 hr. hold | General Session |  | Crescent Rounds | 350 |
| Date 2 | 10:00 – 10:30 am | AM Break |  | Buffet | 200 |
| Date 2 | 12:00 pm | Lunch |  | Rounds (separate space from General Session) | 200 |
| Date 2 | 24 hrs. | Breakout # 1 |  | Crescent Rounds | 30 |
| Date 2 | 24 hrs | Breakout # 2 |  | Crescent Rounds | 100 |
| Date 2 | 24 hrs | Breakout # 3 |  | Crescent Rounds | 100 |
| Date 2 | 24 hrs | Breakout # 4 |  | Crescent Rounds | 50 |
| Date 2 | 24 hrs | Breakout # 5 |  | Crescent Rounds | 150 |
| Date 2 | 24 hrs | Breakout # 6 |  | Crescent Rounds | 100 |
| Date 2 | 24 hrs | Breakout # 7 |  | Crescent Rounds | 50 |
| Date 2 | 24 hrs | Breakout # 8 |  | Crescent Rounds | 50 | Breakout # 8 | Crescent Rounds | 50 |  |
| Date 2 | 3:00 – 3:15 pm | PM Break |  | Buffet/Flow | 200 |
| **Date 3** | | | | |  |
| Date 3 | 7:00 am – 8:30 am | Breakfast |  | Buffet/rounds | 300 |
| Date 3 | 10:00 – 10:30 am | AM Break |  | Buffet | 300 |
| Date 3 | 12:00 pm | Lunch |  | Rounds | 300 |
| Date 3 | 24 hrs | Breakout # 1 |  | Crescent Rounds | 30 |
| Date 3 | 24 hrs | Breakout # 2 |  | Crescent Rounds | 100 |
| Date 3 | 24 hrs | Breakout # 3 |  | Crescent Rounds | 100 |
| Date 3 | 24 hrs | Breakout # 4 |  | Crescent Rounds | 50 |
| Date 3 | 24 hrs | Breakout # 5 |  | Crescent Rounds | 150 |
| Date 3 | 24 hrs | Breakout # 6 |  | Crescent Rounds | 100 | Breakout # 6 | Crescent Rounds | 100 |  |
| Date 3 | 24 hrs | Breakout # 7 |  | Classroom w/ Internet(must be able to fit 15 laptops with wireless service) | 20 |
| Date 3 | 24 hrs | Breakout # 8 |  | Classroom w/ Internet(must be able to fit 15 laptops with wireless service) | 20 |
| Date 3 | 3:00 – 3:15 pm | PM Break |  | Buffet | 300 |
| **Date 4** | | | | | |
| Date 4 | 7:00 8:30 am | Breakfast |  | Buffet/Rounds | 200 |
| Date 4 | 10:00 – 10:30 am | AM Break |  | Buffet | 200 |
| Date 4 | 24 hrs – 1:00 pm | Breakout # 1 |  | Crescent Rounds | 30 |
| Date 4 | 24 hrs – 1:00 pm | Breakout # 2 |  | Crescent Rounds | 100 |
| Date 4 | 24 hrs – 1:00 pm | Breakout # 3 |  | Crescent Rounds | 100 |
| Date 4 | 24 hrs – 1:00 pm | Breakout # 4 |  | Crescent Rounds | 50 |
| Date 4 | 24 hrs – 1:00 pm | Breakout # 5 |  | Crescent Rounds | 150 |
| Date 4 | 24 hrs – 1:00 pm | Breakout # 6 |  | Crescent Rounds | 100 |

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.

ROOM BLOCK DATE CLARIFICATION

| Date | Proposing Date(s) | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- | --- |
| Date 0 (night before program start) |  | Single/Double Occupancy | 15 |  |
| Date 1 |  | Single/Double Occupancy | 150 |  |
| Date 2 |  | Single/Double Occupancy | 250 |  |
| Date 3 |  | Single/ Double Occupancy | 200 |  |
| Date 4 |  | Single/ Double Occupancy | Check out |  |
|  |  |  | 615 |  |

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 |
| --- | --- |
| **Date 1** | |
| Breakfast |  |
| Lunch |  |
| PM Break |  |
| **Date 2** | |
| Breakfast Buffet |  |
| AM Break |  |
| Lunch |  |
| PM Break |  |
| **Date 3** | |
| Breakfast Buffet |  |
| AM Break |  |
| Lunch Buffet |  |
| PM Break |  |
| **Date 4** | |
| 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:

|  |
| --- |
|  |
|  |

1. 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 and keys for staff |  |  |
| 5. | (8) Complimentary Parking for event staff |  |  |
| 6. | Complimentary room policy – (example: 1 complimentary room for 40 rooms booked) |  |  |

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. |
|  |

**OFFER PERIOD**

A Proposer's proposal is an irrevocable offer for ninety (90) days following the proposal due date. In the event a final contract has not been awarded within this ninety (90) day period, the AOC reserves the right to negotiate extensions to this period.

**H. Signature (must be completed by proposer):**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_. | | | |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |

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