

**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:	
Federal Tax ID Number:	

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

November 11-15, 2013	
November 3-7, 2013	

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
November 11 or November 3	Single/Double Occupancy	50			
November 12 or November 4	Single/Double Occupancy	50	0		
November 13	Single/	65	0		

