

**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. 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, April 15, 2013	Single/ Double Occupancy	10	
Tuesday, April 16, 2013	Single/ Double Occupancy	40	
Wednesday, April 17, 2013	Single/ Double Occupancy	20	
Thursday, April 18, 2013	Single/ Double Occupancy	40	
		110	

