

**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:	

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

April 30-May 2, 2014	
May 5-7, 2014	
May 7-9, 2014	

A. 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>Day 1</b>				
12 noon – 24 hour hold	Staff Office	Conference	5	
12 noon – 24 hour hold	AV Storage	empty		
<b>Day 2</b>				
24 hour hold	Staff Office	Conference	5	

<b>Time</b>	<b>Function</b>	<b>Set Up</b>	<b>Expected Attendance</b>	<b>Room Name Sq. Footage</b>
24 hour hold	AV Storage	Empty Room		
8am – 24 hour hold	Faculty Room	Conference	5	
6:30am – 5:00pm	Registration	Registration	flow	
6:30am – 24 hour hold	General Session	Crescent Rounds of 5-6 Head table for 10 on Stage, Standing Podium	100	
6am – 24 hour hold	Breakout #1	Crescent rounds Head table for 3	50	
6am – 24 hour hold	Breakout #2	Crescent rounds Head table for 3	50	
<b>Day 3</b>				
24 hour hold	Staff Office	Conference	5	
24 hour hold	AV Storage	Empty Room		
8am – 24 hour hold	Faculty Room	Conference	5	
6:30am – 5:00pm	Registration	Registration	flow	
6:30am – 24 hour hold	General Session	Rounds of 6 – 8 Head table for 10 on Stage, Standing Podium	100	
6am – 24 hour hold	Breakout #1	Crescent rounds Head table for 3	50	
6am – 24 hour hold	Breakout #2	Crescent rounds Head table for 3	50	
11:30am – 2pm	Lunch	Rounds of 8 Head table on a Stage for 3 Standing Podium	110	
<b>Day 4</b>				
24 hour hold	Staff Office	Conference	5	
24 hour hold	AV Storage	Empty Room		
8am – 24 hour hold	Faculty Room	Conference	5	
6:30am – 5:00pm	Registration	Registration	flow	
6:30am – 24 hour hold	General Session	Rounds of 6 – 8 Head table for 10 on Stage, Standing Podium	100	
6am – 24 hour hold	Breakout #1	Crescent rounds Head table for 3	50	
6am – 24 hour hold	Breakout #2	Crescent rounds Head table for 3	50	

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.

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
Date 1	Single/Double Occupancy	5	
Date 2	Single/Double Occupancy	90	
Date 3	Single/ Double Occupancy	90	
		185	

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

Yes	
No	

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

D. 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>Day 2</b>	
PM Break	
<b>Day 3</b>	
Breakfast Buffet	
AM Break	
Lunch (Plated-2 course)	
PM Break	
<b>Day 4</b>	
Breakfast Buffet	

Type of Group Meal	Food and Beverage Menu
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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E. Other Program Needs (identify if included in other proposed pricing):

Item No.	Description	Approved (please note if approved)	Alternative
1.	Complimentary Registration area telephone		
2.	(7) Complimentary easels		
3.	Complimentary Wired Internet for Registration and Wireless for Staff Office		
4.	Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff		
5.	Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room.		
6.	(2) Complimentary Podiums.		
7.	(2) Complimentary risers.		

F. 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: \_\_\_\_\_