

**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
Wednesday, January 23, 2013	Single/Double Occupancy	20	
Thursday, January 24, 2013	Single/Double Occupancy	105	
Friday, January 25, 2012	Single/ Double Occupancy	Check Out	
		125	

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

Yes	
No	

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

