RFQ MM245820027 ATTACHMENT 2 BID FORM

IMPORTANT: Quotes must be submitted on this form. You may also submit an attachment to this form describing your Proposal, if necessary.

CONTRACTOR INFORMATION		
Company Legal Name		
Company d/b/a if applicable		
Address		
Email		
Phone / Fax		
Federal Tax ID Number		
CONTACT INFORMATION FOR INDIVIDUAL SUBMITTING BID		
Name		
Email		
Phone / Fax		

Description of Service	Price (includes all fees/surcharges) (in US Dollars)
Room Cost for Friday Night (50 rooms)	
 include any applicable fees (DPD is Tax Exempt) 	
Room Cost for Saturday Night (50 rooms)	
 include any applicable fees (DPD is Tax Exempt) 	
Room Cost for Sunday Night (3 rooms)	
 include any applicable fees (DPD is Tax Exempt) 	
Conference Room Cost (3 days / All Event)	
Catering/Meal Cost (3 days/ All Event)	
Other Charges (if applicable):	
Other Charges (if applicable):	
Total	