

# Quote Request

2014 Resident Leadership Conference

Quotes due January 30 @ 11:00 a.m.

Fax to Corinne Lisefski at (412) 456-5007

## Scope of Work

- The date for the conference is April 3 - 5, 2014
- Conference room to accommodate 70 people with Audio/Visual Equipment
- **Rooms for 2 nights:**
  - 6 rooms – Single Occupancy
  - 25 rooms – Double Occupancy
- **Food Plan (70 people)**
  - Breakfast (for 2 days, Friday and Saturday)
    - Should be a hot breakfast, coffee (regular and decaf) tea and water
  - Lunch (for 2 days, Friday and Saturday)
    - Should include, Soup or Salad choice, two entrée choices, starch/veggie choice, bread/rolls and assorted desserts, coffee (regular and decaf) tea and water
  - Dinner (for 2 days, Thursday and Friday)
    - Should include, Soup or Salad choice, two entrée choices, starch choice, veggie choice, bread/rolls and assorted desserts, coffee (regular and decaf) tea and water

Please contact Corinne Lisefski at 412.456.5116 option 9 with any questions about the above scope.

# 2014 Resident Leadership Conference

April 3 - 5 , 2014

(Due 1/30/2014 @ 11:00 AM)

Rooms for 2 nights: (Please include applicable taxes/fees in the Cost per Night)

Room Type	Number of Rooms	Number of Nights	Cost Per Night	Total
Single Occupancy	6	2	\$	\$
Double Occupancy (include all fees in price)	25	2	\$	\$
Total Cost (add the total column together)				\$

Food: (Total Cost)

Meal	Unit Cost	# of People	# of times	Total Cost(unit cost x #of people x # of times)
Hot Breakfast	\$	70	2	\$
Lunch	\$	70	2	\$
Dinner	\$	70	2	\$

Room Rental Cost including Audio Visual Equipment: \$ \_\_\_\_\_

Conference Total Cost: \$ \_\_\_\_\_

(add total room cost, all food costs, and room rental costs together)

Total cost in words: \_\_\_\_\_

(Please print clearly)

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(of person signing)

Full Address: \_\_\_\_\_

(of company, include city, state, zip code)

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_