



ORIGINAL
BID - Invitation For Bid
14, Prescription Drug Diversion Conferen

BID Effective Date:

03/30/2018

Bid Invitation Number:

6100045354

Issuing Office:

Alecia Peddigree
 Office of Attorney General
 Office Services Section/Purchasing Unit
 14th Floor, Strawberry Square
 Harrisburg PA 17120 US

Supplier Name/Address:

Your SAP Vendor Number with us: _____

Please Return Quotation to:

Office of Attorney General
 Office Services Section/Purchasing Unit
 14th Floor, Strawberry Square
 Harrisburg PA 17120 US

Type of Security furnished if required:

- Certified bank cashier's check
- Irrevocable letter of credit
- Certificate of deposit
- Other as specified by bid
- Bond - If annual bond:

What is the name of the principal on the bond? _____

Return Bid by:

Bid Ending Date:
04/09/2018

Bid Ending Time:
13:00:00

Expiration Date of Contract (if applicable)

Delivery Date:
See Items

Please Deliver To:

Attorney General Criminal Law
 106 Lowther Street Second Floor
 Lemoyne PA 17043 US

Procurement Contact:

Buyer: Alecia Peddigree
 Phone: (717) 787-3804 Ext.: X
 Fax: (717) 787-2314 Ext.: X

This Invitation For Bids is comprised of: Part I, General Information; Part II, Bid Requirements; Part III, Criteria For Selection; Part IV, IFB Specifications; Part V, Contract Clauses; any documents attached to this Invitation For Bids or incorporated by reference; and any addenda issued by the Issuing Office prior to Bid Opening.

Supplier's Signature _____ Title _____
 Printed Name _____ Date _____

The Bidder has completed and submitted this Bid in accordance with the instructions and requirements and terms and conditions of the Invitation For Bid. The Bidder has attached documents that are required to be submitted with this Bid and those attachments are incorporated by reference and made a part of this Bid. The Bidder, intending to be legally bound hereby, offers and agrees, if this Bid is accepted, to provide the awarded items at the price(s) set forth in this Bid at the time(s) and place(s) specified.

Item	Material/Service Desc	Qty	UOM	Unit Price	Total Line Item Price
1	Hotel Rooms Item Text Guest room rate including state hotel occupancy tax ONLY	250.000	Each	\$ _____	\$ _____
2	Meeting Facilities 6/23/18	1.000	Each	\$ _____	\$ _____

ALL PRICES ARE F.O.B. DESTINATIONS

List of Items Continued on Following Page



Supplier Name: _____

***** Attributes Page *****

*** No further information for this bid ***

Mandatory QUESTION #02 - Is the offer in accordance with the "Representations and Authorizations" listed in section "Submission – 001.1" of the attached solicitation document?

Response:

Mandatory QUESTION #01 - Has the submitter read, and does the submitter understand, the "Representations and Authorizations" listed in section "Submission – 001.1" of the attached solicitation document?

Response: