

PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS)  
NIH - TASK ORDER

RFTOP#160

TITLE: 9<sup>th</sup> International Workshop on Multiple Endocrine Neoplasia

**PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS**

A. Point of Contact Name: Anthony Revenis

Phone- 301-402-3073

Fax- 301-435-6101

Proposal Address:

Billing Address:

6011 Executive Blvd., Rm 529S  
Rockville, MD 20892-7663

Accounts Payable, OFM, NIH  
Bldg 31, Room B1B39  
Bethesda, MD 20892-2045

- B. PROPOSED PERIOD OF PERFORMANCE: To be started 30 days after award is made. Meeting/workshop is to be held June 20-22, 2004.
- C. PRICING METHOD: Time and Material. Propose hourly prices and percentage for handling charge of pass through costs. Contractor is expected to manage the NICHD/government component of the cost, as other private companies will be adding financial support. Additional NICHD funds may be available in FY 04.
- D. PROPOSAL INSTRUCTIONS: Please keep proposals brief and submit electronically.
- E. RESPONSE DUE DATE: Monday, September 22, 2003 at 9:00 A.M. local NIH time
- F. TASK DESCRIPTION: Contractor is expected to manage all aspects of the 9<sup>th</sup> International Workshop on Multiple Endocrine Neoplasia. The workshop is to be held in the Washington, DC area, preferably at a hotel with the ability to provide lodging for approximately 200 guests in addition to adequate meeting space with appropriate A/V abilities, on June 20-22, 2004. The workshop location must be convenient to public transportation, and have the ability to seat and serve continental breakfasts, lunches, and a dinner banquet during the meeting.

Contractor is expected to request and receive registration fees from participants, as well as serve as a point of contact for meeting correspondence, participant questions, concerns, etc.

G. EVALUATION FACTORS:

1. Corporate Experience
2. Experience of proposed project manager
3. Past performance
4. Cost

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PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0\_\_\_\_\_

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE

CONTRACTOR: \_\_\_\_\_

Signature

Date

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**SOURCE SELECTION:**

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM  
SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # \_\_\_\_\_

Appropriations Data: \_\_\_\_\_

RECOMMENDED:

FAX #

Signature - Project Officer

Date

APPROVED: \_\_\_\_\_

FAX #

Signature - Contracting Officer

Date

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**NIH APPROVAL -**

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT  
WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & PICS COORDINATOR

APPROVED: \_\_\_\_\_

Fax 301-435-6101 Signature -Anthony M. Revenis, J.D., NIH-PICS Coordinator

Date