



## HOTEL RFB RESPONSE FORM

*Wisconsin Association of the Deaf (WAD) – 2027 Biennial Conference*

Please complete this form in full and return it by the deadline stated in the Request for Bid (RFB). Attach additional sheets if more space is needed. Fields left blank will be treated as not applicable.

| Conference Information                                  |                                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Conference Dates Requested:</b>                      | A Friday–Saturday in June, July, or August 2027 (avoiding Father's Day, July 4th, and Labor Day weekends) [TBD] |
| <b>Estimated Attendance:</b>                            | Approximately 150                                                                                               |
| <b>Proposed Venue/Region:</b>                           | Open [TBD]                                                                                                      |
| <b>Overnight Sleeping Rooms Available On-Site:</b>      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                        |
| <b>If No: Nearby Partner Hotel Name &amp; Distance:</b> |                                                                                                                 |

| Hotel / Facility Information         |                                                          |                            |  |
|--------------------------------------|----------------------------------------------------------|----------------------------|--|
| <b>Facility Name:</b>                |                                                          |                            |  |
| <b>Street Address / City / Zip:</b>  |                                                          |                            |  |
| <b>Hotel Size (number of rooms):</b> |                                                          |                            |  |
| <b>Contact Name:</b>                 |                                                          |                            |  |
| <b>Title:</b>                        |                                                          |                            |  |
| <b>E-mail:</b>                       |                                                          |                            |  |
| <b>Phone:</b>                        |                                                          |                            |  |
| <b>Website:</b>                      |                                                          |                            |  |
| <b>Airport Shuttle Available:</b>    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Radius (in miles) :</b> |  |

**Wisconsin Association of the Deaf**

P.O. Box 141  
Greendale, WI 53129  
www.wisdeaf.org

*An IRS 501(c)(3) non-profit organization*

|                                        |                                                          |                             |  |
|----------------------------------------|----------------------------------------------------------|-----------------------------|--|
| <b>Nearest Airport(s)/Code(s):</b>     |                                                          |                             |  |
| <b>Local Shuttle Available:</b>        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Radius (in miles) :</b>  |  |
| <b>ADA-Accessible Rooms Available:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Number of ADA Rooms:</b> |  |

| Room Block and Rate Details                 |                                                                                                                                 |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Number of Rooms Available:</b>           |                                                                                                                                 |
| <b>Check-In Date:</b>                       | <i>(most will be on Thursday)</i>                                                                                               |
| <b>Check-Out Date:</b>                      | <i>(generally Sunday)</i>                                                                                                       |
| <b>Bed Types Available:</b>                 | <input type="checkbox"/> Double <input type="checkbox"/> Queen <input type="checkbox"/> King <input type="checkbox"/> Roll-away |
| <b>Rate per Night (single/double occ.):</b> |                                                                                                                                 |
| <b>Group Rate Cutoff Date:</b>              |                                                                                                                                 |
| <b>Attrition Clause:</b>                    |                                                                                                                                 |
| <b>Rebate (if applicable):</b>              |                                                                                                                                 |
| <b>Breakfast Cost / Included:</b>           |                                                                                                                                 |
| <b>Applicable Taxes &amp; Fees:</b>         |                                                                                                                                 |
| <b>Complimentary Wireless Internet:</b>     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                        |
| <b>Complimentary/Comp Room Policy:</b>      |                                                                                                                                 |

| Meeting Space                                      |  |
|----------------------------------------------------|--|
| <b>Meeting Rooms Available (names/capacities):</b> |  |



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|                                                        |  |
|--------------------------------------------------------|--|
| <b>Meeting Space Rental Cost:</b>                      |  |
| <b>Food &amp; Beverage Minimum (if any):</b>           |  |
| <b>Audio-Visual / ASL Interpreter Sightline Notes:</b> |  |

### Additional Conditions / Comments

(Examples: meeting space complimentary if F&B spend exceeds \$X; one complimentary room upgrade to suite; other concessions offered. Use additional sheets if necessary.)

### Submission

Please return this completed form by the deadline stated in the RFB to the WAD Secretary at P.O. Box 141, Greendale, WI 53129, by online at <https://visit.wisdeaf.org/2027rfbr> or by email as directed in the RFB. Thank you for your interest in hosting the WAD Biennial Conference.