Effective Date: 09/11/16

## State of Mississippi – Office of Purchasing and Travel 2017 – 2018 Lodging Rate Proposal (Please print legibly or type)

Hotel Name:	Fair FIFD Inn & Suites		
Hotel Information:	MAGIC Supplier Number:		
	Mailing Address:  2011 6th Stract North		
	City:		
	County:		
Onsite Hotel Phone and Fax:	Onsite Hotel Phone: (24) - 1990		
	Onsite Hotel Fax:  Ole 2 - Z-41 - 1993		
Onsite Hotel Email and Website:	Email: Chastow @ peaChtree hotel areop.com		
	Website: www.marriott.com/ateti		
Daily Base Room Rate (Do not include tax):	\$9 <u>Z</u> single	\$ <u>9</u> 3 _ Double	
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ Weekly	\$ Monthly	
Have desk clerks and other personnel been informed of the agreed upon rates and policies?		No	
Sleeping Room Door Entrances:	Inside	Outside	
Minority Vendor Status:	Yes		

Rates will be needed Sunday – Thursday. If you will also honor the rates for Friday and Saturday for official state business, please check the line indicating so:	Yes, rates are available Sunday – Thurso Yes, rates are available Friday – Saturda No, rates are not available Friday – Satur	y.
Rates available to city/county workers, community college employees, school districts and cost reimbursable contractors on official state business?	Yes	No
Payment options:	MasterCard Discover  American Express Personal Ch  Please note that the State of MS Visa Travel C state of Mississippi. All other foes may be applied.	eck Other  CLAF gazement  and is sales tax exempt within the
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	Yes  *Please note that direct bill is sales tax exempt with may be applied.	No within the state of MS. All other wa
Check-in/check-out times:	Check-in 3:00Pm	Check-out
Cancellation Policy:	- 24 Hours prior to	•
Contract Onsite Contact Information for Questions, Disputes, etc.	Contact Name/Position:  Roberta Be-stey  (general Manager	Contact Phone: 662-241-1990
Print Authorized Name:	Casina Breton	
Authorized Signature:	CRStine Broston	

Note: By signing the above, you are indicating your rates will be effective according to the guidelines as set forth in the Proposal Format and Guidelines and Check List Form for Hotel and Motel Services for the period of October 1, 2017, through September 30, 2018. No rate changes will be acceptable during this contract period unless the Federal Register publishes a rate change. In addition, you are indicating that rates will be made available to desk clerks for state employees who request "state rate" to be given these rates.