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:	Home2 by Hilton Biloxi North/D'Iberville		
Hotel Information:	MAGIC Supplier Number: 3102016084		
	Mailing Address: 3810 Promenade Pkwy		
	<sup>City:</sup> D'iberville	<sup>Zip:</sup> 39540	
	County: Harrison		
Onsite Hotel Phone and Fax:	Onsite Hotel Phone: 228-392-6265		
	Onsite Hotel Fax: 228-392-6285		
Onsite Hotel Email and Website:	Email: stefanie.beaugez@hilton.com		
	Website: www.biloxinorthdiberville.home2suites.com		
Daily Base Room Rate (Do not include tax):	\$ 93.00 Single	\$ 93.00 Double	
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ 651.00 Weekly	\$ 2,883.00 Monthly	
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	Yes	No	
Sleeping Room Door Entrances:	Inside	Outside	
Minority Vendor Status:	Yes	✓ No	

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 – Thursday.  Yes, rates are available Friday – Saturday.  No, rates are not available Friday – Saturday		
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 Visa Diner's Club American Express Personal Check Other		
	*Please note that the State of MS Visa Travel Card is sales tax exempt within the state of Mississippi. All other fees may be applied.		
Is direct billing available?	Yes	No	
Note: Individual agencies will be responsible for arrangements.	*Please note that direct bill is sales tax exempt within the state of MS. All other fees may be applied.		
Check-in/check-out times:	Check-in	Check-out	
	3:00pm check-in	11:00am checkout	
Cancellation Policy:	24hrs individual reservations/ 72hrs for group reservations		
Contract Onsite Contact	Contact Name/Position:	Contact Phone:	
Information for Questions, Disputes, etc.	Stefanie Beaugez	228-392-6265	
Print Authorized Name:	stanie Beaulz		
Authorized Signature:/	TOVANU LONGE		

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.