	Effective Date: 08/31/16			e: 08/31/16		
		oi - Office of Purchasin 7 Lodging Rate Propo	_			
	(Please	print legibly or type)				
Hotel Name:	Gulf Hills Hotel & Conference Center					
Mailing Address:	13701 Paso Road					
Hotel Address:	City: Ocean Springs Zip: 395		Zip: 39564	4		
County:	Jackson					
Onsite Hotel Phone:	228-875-4211	Onsite Hotel Fax:	228-875-4213			
Onsite Hotel Email and Website:	Ema: donna@gulfhillshotel.com					
	Website: www.gulff	hillshotel.com				
Daily Base Room Rate	\$ 79 . 99 Single*		\$7	79.99	Double *	
(Do not include tax):	*Includes deluxe continental breakfast					
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ N/A~Weekly			\$ N/A ~	Monthly	
Have desk clerks and other personnel been informed of the agreed upon rates?	X Yes			No		
Sleeping Room Door Entrances:	Inside		_	$\underline{\underline{X}}$ Outside		
Rates will be needed Sunday- Thursday. If you will also honor the rates for Friday and Saturday	X* Yes, rates are available Sunday - Thursday. *Rates are available for group meetings at all times! X * 'Yes, rates are available Friday - Saturday					
for official state business, please check the line indicating so:	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 MS. All other fees may be applied.			
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	*Please note that direct bill is sales tax exempt within applied.	No the state of MS. All other fees may be		
Check-in/check-out times:	₫ <u>ρm</u> Check-in	<u>//am</u> Check-out		
Cancellation Policy:	72 HOURS PRIOR TO ARRIVAL			
On-site Contact Information for Questions, Disputes, etc.	Contact Name/Position:	Contact Phone:		
	DONNA M. BROWN GENERAL MANAGER	228-875-4211		
Print Authorized Name:	DONNA M. BROWN			
Authorized Signature:	allown M. Brown			

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, 2015, through September 30, 2016. 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.