Effective Date: 08/31/16

State of Mississippi – Office of Purchasing and Travel
2016 – 2017 Lodging Rate Proposal
(Please print legibly or type)

Hotel Name:	Cabot Lodge Jackson-North / A Red Lion Hotel		
Hotel Information:	MAGIC Supplier Number: 3100019502		
	Mailing Address: 120 Dyess Rd.		
	City: Ridgeland	Zip: 39157	
	County: Madison		
Onsite Hotel Phone:	601-957-0757	Onsite Hotel Fax:	601-326-0753
Onsite Hotel Email and Website:	Email: jfranks@mmihg.com		
	Website: www.cabotlodgejacksonnorth.com		
Daily Base Room Rate (*Do not include tax*):	$ 91.00 Single	$ 91.00 Double	
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 and policies?	X Yes	____ No	
Sleeping Room Door Entrances:	X Inside	____ Outside	
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:	X 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?	X Yes ____ No
Payment options:	X MasterCard X Discover X Visa ____ Diner's Club X American Express _ Personal Check X Other Direct Bill, School Check *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? Note: Individual agencies will be responsible for arrangements.	X Yes ____ No *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:	3pm Check-in 12pm Check-out
Cancellation Policy:	6pm - Day of Arrival
On-site Contact Information for Questions, Disputes, etc.	Contact Name/Position: Jimmy Franks Director of Sales Contact Phone: 601-326-0747

Print Authorized Name: Jimmy Franks

Authorized Signature: Jimmy Franks

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, 2016, through September 30, 2017. 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.