APPENDIX G

RFP Conference Reservation Form

**\*\*Please EMAIL reservation form TO YVONNE TAYLOR at least 24 hours prior to the meeting\*\***

| **Conference Information** | |
| --- | --- |
| RFP No: | HHSC 25-0219 |
| RFP Title: | Kona Community Hospital – Parking Lot Repairs and Repaving |

| **OFFEROR Information** | | |
| --- | --- | --- |
| Business Name |  | |
| Street Address |  | |
| City |  | |
| State |  | Zip code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Attendee Name, Title | Email Address | Role in Procurement | Will Attend Meeting & Hospital Tour |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Due to space constraints and to avoid disruption to Hospital operations, it is necessary to limit the number of attendees to two per company. Please limit Hospital Tour participants to those individuals that have a need to view the work areas in order to prepare the OFFEROR’s proposal. **An executed Confidentiality Agreement (Appendix H) is necessary to participate in Hospital Tour.**

APPENDIX H

Mandatory Hospital Tour Confidentiality Agreement

\*\*Please email signed confidentitality Agreement TO YVONNE TAYLOR at least 24 hours prior to the meeting\*\*

I understand that while attending the hospital tour, I may hear patients discussing their health information and I may see someone I know. I understand that I cannot disclose this confidential information to friends, relatives, co-workers or anyone else.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at Kona Community Hospital.  In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it.

###### OFFEROR

Name:

Title:

Company:

Signature:

Date:

[THE REMAINDER OF THIS PAGE IS LEFT BLANK INTENTIONALLY.]