

**ATTACHMENT A –
INTENT TO RESPOND - REGISTRATION FORM**

Please return this form by Fax 401-222-6033 no later than 10/15/2009

VENDOR COMPANY NAME: _____

VENDOR CONTACT NAME: _____

VENDOR CONTACT EMAIL: _____

VENDOR CONTACT PHONE: _____

THE DEPARTMENT WILL HOST A PRE-BID CONFERENCE:

DATE: October 21, 2009

TIME: 1:00 pm

**LOCATION: Room 501, RI Department of Education, Shepard Building, 5th
Floor, Providence, RI, 02903**

ATTENDANCE IS NOT MANDATORY

NUMBER OF PEOPLE ATTENDING: _____

RIDE will make reasonable efforts to provide special accommodations required due to a disability. Please indicate here if any special accommodations are requested.

Should a future needs arise, please notify us at least 5 business days prior to the pre-bid conference.