

**PRE-BID CONFERENCE RESPONSE FORM
THURSDAY, AUGUST 29, 2024 – 1:00 PM**

Solicitation Number BPM045806

MHBE ORA Subscription Renewal

Return via e-mail this form to the Procurement Officer (Tracey D. Gamble) by Monday, August 26, 2024:

Maryland Health Benefit Exchange

750 East Pratt Street, 6th Floor

Baltimore, MD 21202

Email: tracey.gamble1@maryland.gov

Please indicate:

Yes, the following representatives will be in attendance: **(PLEASE PROVIDE NAME AND EMAIL ADDRESS):**

- 1.
- 2.
- 3.

No, we will not be in attendance.

Please specify whether any reasonable accommodations are requested:

Signature	Title
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Name of Firm (please print)