## PRE-BID CONFERENCE RESPONSE FORM **THURSDAY, AUGUST 7, 2025 – 1:00 PM**

## **Solicitation Number BPM052076**

## **MHBE ORCA Subscription Renewal**

Leturn via e-mail this form to the Procurement Officer (Tracey D. Gamble) by Monday, Aug	ust 4, 2025
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 ANI ADDRESS):	) EMAIL
l.	
2.	
3.	
No, we will not be in attendance.	
lease specify whether any reasonable accommodations are requested:	
ignature Title	
Jame of Firm (please print)	