PRE-BID CONFERENCE RESPONSE FORM MONDAY, OCTOBER 20, 2025 – 1:30 PM

Solicitation Number BPM053286

MHBE Dell Pro 16 16XE MC 16250 Laptops

Return via e-mail this form to the Procurement Officer (Tracey D. Gamble) by Thursday, October 16, 2025:

,	Maryland Health Benefit Exchange
	750 East Pratt Street, 6th Floor
	Baltimore, MD 21202
	Email: tracey.gamble1@maryland.gov
Please indicate:	
Yes, the followi ADDRESS):	ng representatives will be in attendance: (PLEASE PROVIDE NAME AND EMAII
1.	
 3. 	
No, we will not l	be in attendance.
Please specify w	hether any reasonable accommodations are requested:
Signature	Title
Name of Firm (please print)	