PRE-BID CONFERENCE RESPONSE FORM WEDNESDAY, DECEMBER 17, 2025, 1:00 PM

Solicitation Number BPM054180

MHBE Contrast Subscription Renewal

Return via e-mail this form to the Procurement Officer (Tracey D. Gamble) by Friday, December 12, 2025:

2025:	
	Maryland Health Benefit Exchange
	750 East Pratt Street, 6 th Floor
	Baltimore, MD 21202
	Email: tracey.gamble1@maryland.gov
Please indicat	e:
Yes, the followaddess:	wing representatives will be in attendance: (PLEASE PROVIDE NAME AND EMAIL
1.	
2.	
3.	
No, we will no	ot be in attendance.
Please specify	whether any reasonable accommodations are requested:
Signature	Title
Name of Firm (please print)	