PRE-BID CONFERENCE RESPONSE FORM MONDAY, FEBRUARY 24, 2025 – 1:00 PM

Solicitation Number BPM047969

MHBE Contrast Subscription

Return via e-mail this form to the Procurement Officer (Tracey D. Gamble) by Thursday, February 20, 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 followaddenses:	wing representatives will be in attendance: (PLEASE PROVIDE NAME AND EMAIL
1.	
2.	
3.	
No, we will no	at be in attendance.
Please specify	whether any reasonable accommodations are requested:
Signature	Title
Name of Firm	(please print)