

**AMMP – PROVIDER MANAGEMENT SERVICES REQUEST FOR
PROPOSAL (RFP) MANDATORY VENDOR CONFERENCE
NOTIFICATION**

INTENT TO ATTEND MANDATORY (IN-PERSON) VENDOR CONFERENCE NOTIFICATION

This form acknowledges that _____ (company name) intends to attend the Mandatory Vendor Conference for the AMMP – Provider Management Services RFP. In-person attendance at this conference is **mandatory** for all Vendors that will be submitting a response to the RFP. Additional representatives may attend in-person or virtually/remote. This completed form must be emailed to **providermgtrfp@medicaid.alabama.gov** by 5:00 p.m. CT on Friday, March 1, 2024.

NOTE:

Vendors who require clarification and/or interpretation of any sections of the RFP are allowed to ask verbal questions that must also be submitted in writing during the mandatory conference.

VENDOR NAME

REPRESENTATIVES' NAMES (List ALL attending, either in-person or virtually/remote. The Agency must be notified in advance of changes in representation).

COMPANY ADDRESS

Phone: _____

Fax: _____

Email: _____

Date: _____