

**TESTING CENTER OF EXCELLENCE (TCOE) REQUEST FOR  
PROPOSAL (RFP) MANDATORY VENDOR CONFERENCE  
NOTIFICATION**

**INTENT TO ATTEND MANDATORY VENDOR CONFERENCE NOTIFICATION**

This form acknowledges that \_\_\_\_\_(company name) intends to attend the Mandatory Vendor Conference for the TCOE RFP. This conference is **mandatory** for all Vendors that will be submitting a response to the RFP. This completed form must be emailed to **TCOERFP@MEDICAID.ALABAMA.GOV** by 5:00 p.m. CT on Wednesday, May 4, 2022.

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**

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**REPRESENTATIVES' NAMES** (List all attending. The Agency must be notified in advance of changes in representation).

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**COMPANY ADDRESS**

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**Fax:**

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**Email:**

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**Date:**

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