

**PRE-BID CONFERENCE RESPONSE FORM  
MONDAY, APRIL 13, 2026 – 1:00 PM**

**Solicitation Number BPM055995**

**MHBE DocuSign Renewal**

Return via e-mail this form to the Procurement Officer (Tracey D. Gamble) by Wednesday, April 8, 2026:

Maryland Health Benefit Exchange

750 East Pratt Street, 6<sup>th</sup> Floor

Baltimore, MD 21202

Email: tracey.gamble1@maryland.gov

Please indicate:

Yes, the following representatives will be in attendance: **(PLEASE PROVIDE NAME AND EMAIL ADDRESS):**

- 1.
- 2.
- 3.

No, we will not be in attendance.

Please specify whether any reasonable accommodations are requested:

---

Signature

Title

---

Name of Firm (please print)