AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRA			•		1	4
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO.(if appli				cable)	
M001	11/5/2010	NR0-11-008			a.		
ISSUED BY CODE	3100	7. ADMINISTERED BY (If other to	than Item	B)	CODE	3100	
U.S. Nuclear Regulatory Commission	<u> </u>	U.S. Nuclear Re	gulat	ory Commission		<u> </u>	
Div. of Contracts	~	Div. of Contrac					
Attn: Donna Berkowitz Mail Stop: TWB-01-B26M		Mail Stop: TWB-	01-B1	MO			
Washington, DC 20555		Washington, DC	20555				-
							3
NAME AND ADDRESS OF CONTRACTOR (No., street, county, State	and ZIP Code)		(X)	9A. AMENDMENT OF SOLIC	CITATION N	1O. ·	
CONGRESSIONAL HOTEL CORP LEGACY HOTEL AND MEETING CENTRE, THE			3	9B. DATED (SEE ITEM 11)			
•							
1775 ROCKVILLE PIKE				10A. MODIFICATION OF CO NRC-DR-42-10-03		ORDER NO.	
ROCKVILLE MD 208521621							
	1		- x	10B. DATED (SEE ITEM 13 10-06-2010	3)		
DE	FACILITY CODE					····	<u> </u>
11. THIS ITEM	ONLY APPLIES TO AN	RENDMENTS OF SOLICIT	TATIO	NS .			
The above numbered solicitation is amended as set to offers must acknowledge receipt of this amendment pro-	ior to the hour and date sp	ecified in the solicitation or as	amend	led, by one of the folio	wing me		nded.
a) By completing Items 8 and 15, and returning		lment; (b) By acknowledging					
iffer submitted; or, (c) By separate letter or telegram wi	nich includes a reference to	the solicitation and amendm	ent nur	nbers. FAILURE OF	YOUR A	NC-	
NOWLEDGMENT TO BE RECEIVED AT THE PLAC	E DESIGNATED FOR THE	RECEIPT OF OFFERS PRICE	OR TO	THE HOUR AND DAT	TE SPEC	CIFIED MAY	
RESULT IN REJECTION OF YOUR OFFER. If by vir	tue of this amendment you	desire to change an offer aire	ady su	bmitted, such change	may be	made	
y telegram or letter, provided each telegram or letter r	makes reference to the soli	citation and this amendment,	and is	eceived prior to the o	pening h	our	
nd date specified.							
		110371 B&R: 2011-2	5-17-	4-151			
		ADDM. VACAA					
Ob	-	APPN: x0200	,			•	
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PREVIOUS EDITION NOT USABLE

STANDARD FORM 30 . (REV. 10-83)
Prescribed by GSA - FAR (48 CFR) 53:243



Banquet Check

The Legacy Hotel & Meeting Centre

1775 Rockville Pike, Rockville, MD 20851 Phone 301-881-2300 Fax 301-881-9047

	Today's Date		e orkshop
Telephone 301-415-0561 Fax	•	10/27/2010 BEO#	391150
Summary of Charge	es		
Quantity Menu Actual		Unit	Total
1 Room Rental		\$750.00	\$750.00
1 Portable AV Cart or Roll Cart		\$25.00	\$25.00
1 UHF Wireless HH or Lavalier Microphone		\$135.00	\$135.00
1 4 Channel Mixer		\$65.00	\$65.00
1 Presidential Style Podium Microphone		\$45.00	\$45.00
1 Pro Powered Speaker with Stand		\$85.00	\$85.00
4 Flip Chart Easel, Pad & Markers	•	\$40.00	\$160.00
XGA Data Projection Package: XGA LCD/Data Projector Skirted Tripod Screen, Cart All A/C cords safety taped		\$287.50	\$287.50
	Sub-Total		\$1,552.50
	Service Char Tax	rge	\$341.55 \$.00
	Total		\$1,894.05
	Deposits Rec	ceived	
	Grand Total	:	\$1,894.05
Details	•		
Service ChargeService Charge 2\$341.55\$.00	·		
Tax 1 Tax 2 Tax 3	Tax 4	Flat Tax	
\$.00 \$.00 \$.00	\$.00	\$.00	
Total Charges & Payment Ins	9		
Credit Card # xxxxxxxxxxx%MYIExpiration xx/	/xx Cardholder		·
Accounting paid for by a purchase order	Check #:	BEO ld 39	1150

as the guarantee number, not subject to reduction.

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions.

Guarantee number due by 10/3/2010. If a count is not provided to the hotel on the date due the hotel will use the Set For

Client Signature Title **Date**

Banquet Check

The Legacy Hotel & Meeting Centre

1775 Rockville Pike, Rockville, MD 20851 Phone 301-881-2300 Fax 301-881-9047

Room

Salon II

Date of Functions 10/7/2010

Organization Contact Person Address	SMR Risk Insight Workshop Richard Robinson 11555 Rockville Pke Room 02 Rockville, MD 20852	B8	Time Function Type Salesperson Set For Post As	08:00 AM - 05:00 PM Local- Catering Only Kylea Williams 40 Guarante SMR Risk Insight W	/ e e orkshop
Telephone	301-415-0561 Fax	Summary of Ch	Today's Date	10/27/2010 BEO #	391154
Overskip Manu		Summary of Ch	arges	1124	T.4-1
Quantity Menu Actual				Unit	Total
1 Room Re	ental			\$750.00	\$750.00
1 Portable	AV Cart or Roll Cart			\$25.00	\$25.00
1 UHF Wir	eless HH or Lavalier Microphone)		\$135.00	\$135.00
1 4 Channe	el Mixer			\$65.00	\$65.00
1 Presiden	ntial Style Podium Microphone	West.		\$45.00	\$45.00
1 Pro Pow	ered Speaker with Stand			\$85.00	\$85.00
4 Flip Cha	rt Easel, Pad & Markers		•	\$40.00	\$160.00
XGA LCI Skirted T	ta Projection Package: D/Data Projector Tripod Screen, Cart cords safety taped		•	\$287.50	\$287.50
			Sub-Total		\$1,552.50
			Service Chai Tax	rge ·	\$341.55 \$.00
			Total		\$1,894.05
			Deposits Rec	ceived	
			Grand Total		\$1,894.05
		Details			4
Service Charge \$341.55	Service Ch \$.00	arge 2			
Tax 1 \$.00		Гах 3 5.00	Tax 4 \$.00	Flat Tax \$.00	
	Total Cha	arges & Paymei	nt Instructions		
Credit Card	# xxxxxxxxxxx	%MYIExpiration	n xx/xx Cardholder.		

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 10/3/2010. If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

Client Signature Title Date

Banquet Check -

The Legacy Hotel & Meeting Centre

1775 Rockville Pike, Rockville, MD 20851 Phone 301-881-2300 Fax 301-881-9047

Date of Fund Organization Contact Pers Address	n SMR Risk Insight Wo son Richard Robinson	SMR Risk Insight Workshop Richard Robinson 11555 Rockville Pke Room 02B8		Salon II 08:00 AM - 12:00 PM Local- Catering Only Kylea Williams 40 Guarantee	
- 1 1.			Post As	SMR Risk Insight V	
Telephone	301-415-0561 Fax	•	Today's Date	10/27/2010 BEO#	391155
_		Summary of (Charges		
Quantity M Actual	enu			Unit	Total
1 R	oom Rental			\$750.00	\$750.00
1 P	ortable AV Cart or Roll Cart			\$25.00	\$25.00
1 U	HF Wireless HH or Lavalier M	licrophone		\$135.00	\$135.00
1 4	Channel Mixer		•	\$65.00	\$65.00
1 Pi	1 Presidential Style Podium Microphone			\$45.00	\$45.00
1 Pi	1 Pro Powered Speaker with Stand			\$85.00	\$85.00
4 Fi	4 Flip Chart Easel, Pad & Markers			\$40.00	\$160.00
X SI	GA Data Projection Package: GA LCD/Data Projector kirted Tripod Screen, Cart II A/C cords safety taped			\$287.50	\$287.50
	•		Sub-Total		\$1,552.50
•			Service Char Tax	ge	\$341.55 \$.00
			Total		\$1,894.05
,			Deposits Rec	eived	
			Grand Total		\$1,894.05
		Detail	S		
Service Ch \$341.55	=	ervice Charge 2 00			·
Tax 1 \$.00	Tax 2 \$.00	Tax 3 \$.00	Tax 4 \$.00	Flat Tax \$.00	
	•	Total Charges & Payr	nent Instructions		
Credit Card	# xxxx	xxxxxxxxx%MYIExpira	tion xx/xx Cardholder	•	
Accounting	paid for by a purchase order		Check #:	BEO ld 3	391155

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 10/3/2010. If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

Client Signature Title Date