PROPOSERS' CONFERENCE
COMPREHENSIVE CUSTOMER INFORMATION SYSTEM (CIS) SOLUTION (2008-IT020)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, FEBRUARY, 28, 2008 AT 10:00 A.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
HARRIS-NORTHSTAR Company Name Name of Parent Company (if Applicable)	THERESA RETA ✓ Attendee's Name Support Analyst Title	Mailing Address: 34947 Pico St City: Union City State: CA Zip: 94587 Telephone Number: (510 471-7182 FAX: (same E-Mail Address: treta@harriscomputer.com 1475.0421
Advanced utility systems Company Name Name of Parent Company (if Applicable)	Daniel Correa ✓ Attendee's Name Support Analyst Title	Mailing Address: 2235 Sheppard Ave #1400 City: Toronto State: Ont. Zip: M2J5B5 Telephone Number: (714) 488-5993 FAX: (416 496-3910 E-Mail Address: ✓msamson@advancedutility.com
EA Consulting/SAP Company Name SAP. Name of Parent Company (if Applicable)	JOHN SCHULTE ✓ Attendee's Name Business Development. Title	Mailing Address: 17511 Y ST City: OMAHA State: NE Zip: 68135 Telephone Number: (402) 891-8889 FAX: ( ) E-Mail Address: john.schulte@sap.com ✓
SAP Company Name Name of Parent Company (if Applicable)	DAVID SAXON ✓ Attendee's Name AE Title	Mailing Address: 3410 Hillview Ave. City: Palo Alto State: CA Zip: 94304 Telephone Number: (650) 284-6181 FAX: ( ) E-Mail Address: david.saxon@sap.com
Cayenta ✓ Company Name Name of Parent Company (if Applicable)	Barry Dunphy ✓ Attendee's Name Director, Client Services Title	Mailing Address: 4200 North Fraser Way, Suite 201 City: Burnaby State: BC Zip: V5J 5K7 Telephone Number: (360) 201-4622 FAX: (613) ~~[illegible]~~ 482-4874 E-Mail Address: bdunphy@cayenta.com ✓

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Blue Heron ✓ Company Name Name of Parent Company (if Applicable)	Sylvia Cadena ✓ Attendee's Name Sr. Account Executive Title	Mailing Address: 90 Air Park Dr Suite 200 City: Rochester State: NY Zip: 14624 Telephone Number: (585) 202-2185 FAX: (800) 464-9907 E-Mail Address: Sylvia.cadena@blueheron-consulting.com ✓
Systems & Software Company Name Name of Parent Company (if Applicable)	Connie Connell ✓ Attendee's Name Implementation Specialist Title	Mailing Address: 401 Water Tower Circle City: Colchester State: VT Zip: 05446 Telephone Number: (802) 338-1356 FAX: (802) 655-4401 E-Mail Address: Connie.Connell@systemsandsoftware.NET
TK Park Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
Hansen Company Name Infor ✓ Name of Parent Company (if Applicable)	Craig Sanders ✓ Attendee's Name Account Executive Title	Mailing Address: 11092 Sun Center Drive City: Rancho Cordova State: CA Zip: 95670 Telephone Number: (323) 974-1807 FAX: (916) 921-6620 E-Mail Address: craig.sanders@infor.com ✓
Oracle ✓ Company Name Name of Parent Company (if Applicable)	Scott McCormick ✓ Attendee's Name A.E. Title	Mailing Address: 525 Market St. City: SF State: CA Zip: 94105 Telephone Number: (650) 506.8171 FAX: ( ) E-Mail Address: scott-mccormick@oracle.com ✓

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
EP2M Company Name Name of Parent Company (if Applicable)	Robert Eddy Attendee's Name President Title	Mailing Address: 11648 Gentilly Road City: Maple Grove State: MN Zip: 55369 Telephone Number: (763) 315-3855 FAX: ( ) E-Mail Address: Robert.Eddy@EP2M.Com
MICROSOFT/COGSDALE Company Name Name of Parent Company (if Applicable)	ROHIT THAPLIYAL Attendee's Name ACCOUNT TECHNOLOGY Title	Mailing Address: 333 S. Grand Av. City: Los Angeles State: CA Zip: 90071 Telephone Number: (310) 597 0219 FAX: ( ) E-Mail Address: rohitt@microsoft.com
Able Software Inc Company Name Compuware Name of Parent Company (if Applicable)	Kai-Wen Wei Attendee's Name Title	Mailing Address: 20 Corporate Park, Suite 295 City: Irvine State: CA Zip: 92606 Telephone Number: (949) 252-9000 FAX: (949) 252-9076 E-Mail Address: kwei@able-soft.com
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address: