

**PROPOSERS' CONFERENCE (2<sup>nd</sup>)**  
**FIRE ALARM AND FIRE SPRINKLER SERVICES AT PUBLIC WORKS HEADQUARTERS (2016-AN012)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**TUESDAY, DECEMBER 13, 2016, AT 2 P.M., CONFERENCE ROOM D**

Please print clearly and leave your business card.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<i>TVI-Signal Integration, Inc.</i> Company Name  Name of Parent Company (if Applicable)	<i>Leon Gruzglin</i> Attendee's Name  <i>V.P. of Service Sales</i> Title	Mailing Address: <i>15853 Monte St.</i> City: <i>Sylmar</i> State: <i>CA</i> Zip: <i>91342</i> Telephone Number: <i>(818) 266-6059</i> FAX: <i>(818) 566-8580</i> E-Mail Address: <i>leon@tvi-signal.com</i>
<i>Apple Valley Communications</i> Company Name  Name of Parent Company (if Applicable)	<i>Jay Lovato</i> Attendee's Name  <i>Vice President</i> Title	Mailing Address: <i>21845 Hwy 18</i> City: <i>Apple Valley</i> State: <i>CA</i> Zip: <i>92307</i> Telephone Number: <i>(760) 247-6668</i> FAX: <i>(760) 247-0087</i> E-Mail Address: <i>jlovato@avcsystems.com</i>
<i>Intelligize Fire</i> Company Name  Name of Parent Company (if Applicable)	<i>QUEEN / DONALD SCHAAT</i> Attendee's Name  <i>owner</i> Title	Mailing Address: <i>26422 Constellation Rd Suite 110</i> City: <i>Valencia</i> State: <i>CA</i> Zip: <i>91355</i> Telephone Number: <i>(888) 864 4362</i> FAX: <i>(818) 864 4556</i> E-Mail Address: <i>Queen@IntelligizeFire.com</i>
<i>CERTIFIED TESTING SPECIALIST, INC.</i> Company Name  Name of Parent Company (if Applicable)	<i>DONALD SCHAAT</i> Attendee's Name  <i>Pres/CEO</i> Title	Mailing Address: <i>P.O. Box 1958</i> City: <i>Simi Valley</i> State: <i>CA</i> Zip: <i>93062</i> Telephone Number: <i>(805) 527-3214</i> FAX: <i>(805) 522-7558</i> E-Mail Address: <i>don@thepointtesters.com</i>
 Company Name  Name of Parent Company (if Applicable)	 Attendee's Name   Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____