

PROPOSERS' CONFERENCE
(MAINTENANCE & ROUTINE SERVICE OF PUBLIC WORKS HEADQUARTERS COMPLEX ELEVATORS)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(MONDAY, MARHC 23, 2015), AT 11:30A.M., WALK-THROUGH)

Please print clearly and leave your business card.

Page 1 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Schindler</u> Company Name Name of Parent Company (if Applicable)	<u>Bethany Roberts</u> Attendee's Name <u>Market Development Manager</u> Title	Mailing Address: <u>16450 FOOTBALL</u> City: <u>Sylmar</u> State: <u>CA</u> Zip: <u>91234</u> Telephone Number: <u>(818) 263-903</u> FAX: <u>()</u> E-Mail Address: <u>betray.roberts@us-schindler.com</u>
<u>SPHINDEL</u> Company Name Name of Parent Company (if Applicable)	<u>JERRY CHAVIRA</u> Attendee's Name <u>SUPV</u> Title	Mailing Address: <u>1645 FOOTBALL</u> City: <u>Sylmar</u> State: <u>CA</u> Zip: <u>91234</u> Telephone Number: <u>(818) 336 3000</u> FAX: <u>(818) 336 3026</u> E-Mail Address: <u>JERRY.CHAVIRA@US.SCHINDEL.COM</u>
<u>Thyssenkrupp</u> Company Name Name of Parent Company (if Applicable)	<u>David Hostalek</u> Attendee's Name <u>Act Rep</u> Title	Mailing Address: <u>6087 Triangle Dr</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90040</u> Telephone Number: <u>(818) 847-6150</u> FAX: <u>(818) 441-3992</u> E-Mail Address: <u>david.hostalek@Thyssenkrupp.com</u>
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ())) FAX: ())) E-Mail Address: _____
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<u>Amtech Elevator</u> Company Name <u>UTC / OTIS</u> Name of Parent Company (if Applicable)	<u>Steve Park</u> Attendee's Name <u>Account Manager</u> Title	Mailing Address: <u>3041 Roswell St.</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90065</u> Telephone Number: <u>(323) 478-2100</u> FAX: <u>(323) 478-2130</u> E-Mail Address: <u>Steve.Park@amtechelevator.com</u>
<u>Amtech Elevator</u> Company Name <u>UTC/OTIS</u> Name of Parent Company (if Applicable)	<u>RAQUEL FLORES</u> Attendee's Name <u>ACCOUNT MANAGER</u> Title	Mailing Address: <u>3041 Roswell St.</u> City: <u>LOS ANGELES</u> State: <u>CA</u> Zip: <u>90065</u> Telephone Number: <u>(323) 344-2941</u> FAX: <u>(323) 478-2130</u> E-Mail Address: <u>RAQUEL.FLORES@AMTECHELEVATOR.COM</u>
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
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