

**PROPOSERS' CONFERENCE**  
**OPERATION OF A COMBINED INFANT AND CHILD CARE CENTER (2009-AN029)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**THURSDAY, OCTOBER 15, 2009, AT 1:30 P.M., CONFERENCE ROOM D**

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>GATEWAY MONTESSORI</u> Company Name  Name of Parent Company (if Applicable)	<u>CHARMAINE MANAGIE</u> Attendee's Name  Title	Mailing Address: <u>4730 N. GRAND AVE</u> City: <u>Covina</u> State: <u>CA</u> Zip: <u>91724</u> Telephone Number: <u>(626) 332-4453</u> FAX: <u>( )</u> E-Mail Address: <u>go2gateway@yahoo.com</u>
<u>Bright Horizons</u> Company Name  Name of Parent Company (if Applicable)	<u>Summer Barnes</u> Attendee's Name  Title	Mailing Address: <u>6446 W 84th Pl</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90005</u> Telephone Number: <u>(310) 642-1922</u> FAX: <u>( ) SAME</u> E-Mail Address: <u>summer.barnes@briighthorizons.com</u>
<u>Knowledge Learning Corp.</u> Company Name  Name of Parent Company (if Applicable)	<u>Roxanne Munoz</u> Attendee's Name  Title	Mailing Address: <u>406 S. Second St</u> City: <u>Alhambra</u> State: <u>CA</u> Zip: <u>91801</u> Telephone Number: <u>(626) 458-1373</u> FAX: <u>( )</u> E-Mail Address: <u>rmunoz@kicorp.com</u>
<u>Knowledge Learning Corp.</u> Company Name  Name of Parent Company (if Applicable)	<u>Esmeralda Ortiz</u> Attendee's Name <u>District Manager</u> Title	Mailing Address: <u>2100 Frank Modugno</u> City: <u>San Fernando</u> State: <u>CA</u> Zip: <u>91340</u> Telephone Number: <u>(818) 726-6311</u> FAX: <u>(213) 406-1224</u> E-Mail Address: <u>eortiz@kicorp.com</u>
<u>ILLA</u> Company Name  Name of Parent Company (if Applicable)	<u>Joy Hofer</u> Attendee's Name <u>VZ</u> Title	Mailing Address: <u>3845 Selig Pl.</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90031</u> Telephone Number: <u>(323) 224-3800</u> FAX: <u>(323) 224-3840</u> E-Mail Address: <u>jhofer@losangeles.org</u>

**PROPOSERS' CONFERENCE**  
**OPERATION OF A COMBINED INFANT AND CHILD CARE CENTER (2009-AN029)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**THURSDAY, OCTOBER 15, 2009, AT 1:30 P.M., CONFERENCE ROOM D**

Please print clearly and leave your business card.

Page 2 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Mt. San Antonio College</u> <small>Company Name</small> <u>N/A</u> <small>Name of Parent Company (if Applicable)</small>	<u>Tamika Addison</u> <small>Attendee's Name</small> <u>Assistant Director</u> <small>Title</small>	Mailing Address: <u>1100 N. Grand Avenue</u> City: <u>Walnut</u> State: <u>CA</u> Zip: <u>91789</u> Telephone Number: <u>909, 594-5111</u> FAX: ( ) E-Mail Address: <u>taddison@mtsaac.edu</u>
<u>VOALA</u> <small>Company Name</small> <u>N/A</u> <small>Name of Parent Company (if Applicable)</small>	<u>Veronica Lara</u> <small>Attendee's Name</small> <u>COO</u> <small>Title</small>	Mailing Address: <u>3600 Wilshire Blvd., Suite 1500</u> City: <u>L.A.</u> State: <u>CA</u> Zip: <u>90010</u> Telephone Number: <u>(818) 535-7890</u> FAX: ( ) E-Mail Address: <u>verolara@aol.com</u>
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____