

**WALK-THROUGH  
OPERATION OF A COMBINED INFANT AND CHILD CARE CENTER (2009-AN029)  
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS  
THURSDAY, OCTOBER 15, 2009, IMMEDIATELY FOLLOWING THE PROPOSER'S CONFERENCE**

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>Si Bright Horizons</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Summer Barnes</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>IILA</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Joy Hofer</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>VOALA</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Veronica Lara</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>Mt. San Antonio College CDC</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Tamika Addison</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>Knowledge Learning Corp</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Esmeralda Ortiz</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____

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<u>Knowledge Learning Corp</u> <small>Company Name</small> <u>n/a</u> <small>Name of Parent Company (if Applicable)</small>	<u>Roxanne Munoz</u> <small>Attendee's Name</small> <u>Center Director</u> <small>Title</small>	Mailing Address: <u>400 S. Second St</u> City: <u>Athampra</u> State: <u>Ca</u> Zip: <u>91801</u> Telephone Number: <u>(626) 458-1373</u> FAX: <u>(626) 458-3453</u> E-Mail Address: <u>rmunoz@klcorp.com</u>
<u>GATEWAY MONTESSORI</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>CHARMAINE MANABOU</u> <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: <u>4730 N. GRAND AVE</u> City: <u>CAVITE</u> State: <u></u> Zip: <u></u> Telephone Number: <u>(626) 332-4453</u> FAX: <u>( )</u> E-Mail Address: <u>go2gateway@yahoo.com</u>
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: <u></u> City: <u></u> State: <u></u> Zip: <u></u> Telephone Number: <u>( )</u> FAX: <u>( )</u> E-Mail Address: <u></u>
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: <u></u> City: <u></u> State: <u></u> Zip: <u></u> Telephone Number: <u>( )</u> FAX: <u>( )</u> E-Mail Address: <u></u>
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: <u></u> City: <u></u> State: <u></u> Zip: <u></u> Telephone Number: <u>( )</u> FAX: <u>( )</u> E-Mail Address: <u></u>