

PROPOSERS' CONFERENCE

SAN GABRIEL DAM HYDROELECTRIC PROJECT-MAINTENANCE AND INSPECTION SERVICES (2009-AN021)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
Monday, August 17, 2009, at 9 a.m., AT 9:00 A.M., CONFERENCE ROOM B

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
ESE Company Name Name of Parent Company (if Applicable)	Chuck Vegneth Attendee's Name Title	Mailing Address: 12991 Los Nietos City: SFS State: CA Zip: 90670 Telephone Number: (562) 906-6890 FAX: (562) 906-6395 E-Mail Address: ChuckV@ESE.COM
wood group Company Name Name of Parent Company (if Applicable)	Ed DAVIS Attendee's Name Title	Mailing Address: 10455 Slusher City: Santa Fe Springs State: CA Zip: 90670 Telephone Number: (310) 639-3523 FAX: (310) 639-8217 E-Mail Address: ed.davis@woodgroup.com
Electro-Air Co. Company Name Name of Parent Company (if Applicable)	Dave Harbi Attendee's Name Title	Mailing Address: 5450 slauson Blvd # 214 City: Culver City State: CA Zip: 90230 Telephone Number: (310) 995-6101 FAX: (310) 838-4346 E-Mail Address:
Tony Demaria Electric Company Name Name of Parent Company (if Applicable)	Dennis M Green Attendee's Name Title	Mailing Address: 131 West "F" ST City: WILMINGTON State: CA Zip: 90744 Telephone Number: (310) 816-3130 FAX: (310) 549-4980 E-Mail Address: DENNIS@TDEINC.COM
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
UNIVERSAL PLANT SERVICES Company Name	JERRY HUNTINGTON Attendee's Name	Mailing Address: 20545 BELSHAW AVE SUITE A City: CARSON State: CA Zip: 90746 Telephone Number: (310) 618-1600 FAX: (310) 618-1300 E-Mail Address: JHUNTINGTON@UNIVERSALPLANT.COM
UNIVERSAL PLANT SERVICES Company Name	DAN MOENART Attendee's Name	Mailing Address: 20545 BELSHAW AVE SUITE A City: CARSON State: CA Zip: 90746 Telephone Number: (310) 961-1875 FAX: (310) 618-1300 E-Mail Address: DMOENART@UNIVERSALPLANT.COM
UNIVERSAL PLANT SERVICES Company Name	LABOR COORDINATOR Title	
Name of Parent Company (if Applicable)		
Company Name	Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () () E-Mail Address: _____
Name of Parent Company (if Applicable)		
Company Name	Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () () E-Mail Address: _____
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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
TDe Company Name	Roger TORRICES Attendee's Name	Mailing Address: 131 West F St City: WILMINGTON State: CO Zip: 90744 Telephone Number (310) 816 3120 FAX: () E-Mail Address: roger.torrices@Tdeinc.com
MWH Company Name	Simon BLUESTONE Attendee's Name	Mailing Address: 618 MICHILLINDA AVE Ste 200 City: ARCADIA State: CA Zip: 91007 Telephone Number (626) 565 6357 FAX: () E-Mail Address: Simon.bluestone@mwhglobal.com
Company Name	Attendee's Name	Mailing Address: City: State: Zip: Telephone Number () FAX: () E-Mail Address:
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wood Group Company Name	Feldhaus Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () E-Mail Address: _____
Tony Demarcia Electric Company Name	Demarcia Green Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () E-Mail Address: _____
TONY DEMARCIA ELECTRIC Company Name	ROGER TORRICES Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () E-Mail Address: _____
MWH Company Name	Simon Bluestone Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () E-Mail Address: _____

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Name of Parent Company (if Applicable)	Title _____	
11 Company Name	DAN MOENALERT Attendee's Name	Mailing Address _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () E-Mail Address: _____
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Company Name	Attendee's Name	Mailing Address _____ City: _____ State: _____ Zip: _____ Telephone Number () () () FAX: () () E-Mail Address: _____
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