PROPOSERS' CONFERENCE
(BICYCLE AND PEDESTRIAN RELATED SAFETY EDUCATION AND ENCOURAGEMENT PROGRAM)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, MAY 2, 2016, AT 9:30 A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
THE ANGEL GUARDIAN FOUNDATION Company Name — Name of Parent Company (if Applicable)	RICHARD D. COVEY Attendee's Name EXECUTIVE DIRECTOR Title	Mailing Address: PO Box 80073 City: SAN MARINO State: CA Zip: 91108 Telephone Number: (626) 345-9660 FAX: (626) 345-9663 E-Mail Address: RDCOVEY44@gmail.com
~~RON DURGIN~~ Sustainable Streets Company Name Name of Parent Company (if Applicable)	Ron Durgin Attendee's Name Exec. Dir Title	Mailing Address: 147 N. Hamilton Dr #101 City: Beverly Hills State: CA Zip: 90211 Telephone Number: (424) 288-1747 FAX: ( ) E-Mail Address: rdurgin@sustainablestreets.org
SAFE MOVES Company Name Name of Parent Company (if Applicable)	Barbara Sheppard Attendee's Name Prog. Mgr. Title	Mailing Address: 15500 Erwin St. #2451 City: Van Nuys State: CA Zip: 91411 Telephone Number: (818) 786-4614 FAX: (818) 786-4631 E-Mail Address: barbara@safemoves.org
LACBC Company Name Name of Parent Company (if Applicable)	COLIN BOGART Attendee's Name Education Director Title	Mailing Address: 634 S. Spring St. #821 City: L.A. State: CA Zip: 90014 Telephone Number: (213) 629-2142 FAX: x 114 E-Mail Address: Colin@la-bike.org
ABCO Company Company Name Name of Parent Company (if Applicable)	Jocelyn Calero Attendee's Name Title	Mailing Address: ABCOcm@aol.com City: Los Angeles State: CA Zip: 90010 Telephone Number: (213) 380-9110 FAX: (213) 380-9199 E-Mail Address: 3435 Wilshire Blvd. LA CA 90010

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Asylum Design & Marketing, inc. // Walk'n Rollers Company Name Asylum Design & Marketing, Inc Name of Parent Company (if Applicable)	Jessica B. DeFalco Attendee's Name Program Coordinator Title	Mailing Address: 8800 Venice Blvd. #301 City: Los Angeles State: CA Zip: ~~9028~~ 90034 Telephone Number: (310) 204-4346 FAX: ( ) E-Mail Address: jessica@walknrollers.org
KWS Consulting Company Name Name of Parent Company (if Applicable)	Kara Sergile Attendee's Name Principal Owner Title	Mailing Address: 1115 Moncado Dr City: Glendale State: CA Zip: 91207 Telephone Number: (818) 424-3228 FAX: ( ) E-Mail Address: Kara@kwsconsult.com
BikeSGV Company Name Community Partners Name of Parent Company (if Applicable)	Wes Reutimann Attendee's Name E.D. Title	Mailing Address: 10900 Mulhall St City: El Monte State: ____ Zip: ~~9173~~ 91731 Telephone Number: (626) 529-4615 FAX: ( ) E-Mail Address: Wes@bikeSGV.org
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address: