PROPOSERS' CONFERENCE
WATER TREATMENT MAINTENANCE SERVICES FOR THE COOLING TOWERS, HEATING, VENTILATION AND AIR CONDITIONING AT PUBLIC WORKS HEADQUARTERS (2012-AN010)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(TUESDAY, MAY 29, 2012 AT 2P.M., CONFERENCE ROOM D)

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
WETCO, INC Company Name Name of Parent Company (if Applicable)	John L. Kubis Attendee's Name C.E.O Title	Mailing Address: BOX 4307 City: Mission Viejo State: CA Zip: 92690-4307 Telephone Number: (949) 570-8765 FAX: ( ) E-Mail Address: jack@wetco.biz
WETCO, INC Company Name Name of Parent Company (if Applicable)	NEIL BRINE Attendee's Name TECH Title	Mailing Address: Box 4307 City: MISSION VIEJO State: CA Zip: 92690-4307 Telephone Number: (714) 308-9440 FAX: ( ) E-Mail Address: BRINESOLUTIONS@SBCGLOBAL.NET
Advanced Chemical Company Name Name of Parent Company (if Applicable)	Technician Brian Small Attendee's Name Regional Sales Manager Title	Mailing Address: 8728 Utica Ave City: Rancho Cucamonga State: CA Zip: 91730 Telephone Number: 8005276607 FAX: 8005809366 E-Mail Address: bascoactglobal.net
Johnson Controls Company Name Name of Parent Company (if Applicable)	Kevin Kenyon Attendee's Name ACCOUNT EXECUTIVE Title	Mailing Address: Kevin.R.Kenyon@JCI.com City: WHITTIER State: CA Zip: 90606 Telephone Number: (562) 418-8715 FAX: (562) 443-2710 E-Mail Address: 12393 Slauson Ave
AQUA-SERV ENGINEERS Company Name Name of Parent Company (if Applicable)	GEOFFREY LEADER Attendee's Name LOS ANGELES SALES Title	Mailing Address: 13560 Colombard Ct City: Fontana State: CA Zip: 92337 Telephone Number: (951) 681-9696 FAX: (951) 681-9698 E-Mail Address: gleader@aqua-serv.com

PROPOSERS' CONFERENCE
WATER TREATMENT MAINTENANCE SERVICES FOR THE COOLING TOWERS, HEATING, VENTILATION, AND AIR CONDITIONING AT PUBLIC WORKS COMPLEX (2012-AN010)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(TUESDAY, MAY 29, 2012), AT 2:00 P.M., CONFERENCE ROOM D

WALKTHROUGH

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Company Name Name of Parent Company (if Applicable)	Geoffrey Leator Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
ACT Company Name Name of Parent Company (if Applicable)	Bryce Small Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
WDRC, Inc Company Name Name of Parent Company (if Applicable)	Jerry Kuntz Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
Johnson Controls Company Name Name of Parent Company (if Applicable)	Kirk Hicks Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
WETCO Company Name Name of Parent Company (if Applicable)	Mark Sun Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address: