

Walk-Through
PROPOSERS' CONFERENCE

BRIDGESTONE RUBBER DAM SYSTEM TELEMETRY COMPONENT MAINTENANCE SERVICES (2009-IT001)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, OCTOBER, 14, 2009, AT 9 A.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>Timax Systems</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Dean McLaughlin</u> <small>Attendee's Name</small> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Pascal & Ludwig</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Bryan Kaiser</u> <small>Attendee's Name</small> <u>PM</u> <small>Title</small>	Mailing Address: <u>2049 E. Francis St</u> City: <u>Ontario</u> State: <u>CA</u> Zip: <u>91761</u> Telephone Number: <u>(909) 706-7665</u> FAX: () _____ E-Mail Address: _____
<u>SOFFA ELECTRIC</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Saleh Mansour</u> <small>Attendee's Name</small> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>GB Cooke / A Thousand Hills</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Cori Greene</u> <small>Attendee's Name</small> <u>Proj. Admin</u> <small>Title</small>	Mailing Address: <u>580 E. Foothill Bl</u> City: <u>Azusa</u> State: <u>CA</u> Zip: <u>91702</u> Telephone Number: <u>(626) 969-8736</u> FAX: <u>(626) 969-7919</u> E-Mail Address: <u>cori@gbcookeinc.com</u>
<u>DYRHOPF, INC</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>ROGER BRYANTON</u> <small>Attendee's Name</small> <u>V.P.</u> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____

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<u>ATHOUSAND HILLS</u> Company Name Name of Parent Company (if Applicable)	<u>JOHN PARENT</u> Attendee's Name <u>PRESIDENT</u> 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: _____
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