PROPOSERS' CONFERENCE
EXCLUSIVE RESIDETIAL FRANCHISE AGREEMENT FOR THE AREA OF LA CRESCENTA/MONTROSE
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, JUNE 6, 2013, AT 2 P.M., CONFERENCE ROOM B

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Waste Management Company Name Name of Parent Company (if Applicable)	Elmer Heap Attendee's Name Public Sector Services Manager Title	Mailing Address: 9081 Tujunga City: Sun Valley State: CA Zip: Telephone Number: (858) 431-6923 FAX: ( ) E-Mail Address:
Burrtec Waste Ind. Company Name Name of Parent Company (if Applicable)	Michael Rhodes Attendee's Name Division Manager Title	Mailing Address: 9890 Cherry Ave. City: Fontana State: CA Zip: 92337 Telephone Number: (909) 429-4200 FAX: ( ) E-Mail Address: MJRhodes@burrtec.com
Crown Disposal Co Inc Company Name Name of Parent Company (if Applicable)	John Garcia Attendee's Name Operations Manager Title	Mailing Address: 9189 DeGarmo Ave City: Sun Valley State: CA Zip: 91352 Telephone Number: (818) 767-0675 FAX: ( ) E-Mail Address: jgarcia@crowndisposal.com
Patriot Services Inc. Company Name Name of Parent Company (if Applicable)	Vartan Kevorghlian Attendee's Name Owner Title	Mailing Address: P.O Box 1417 City: Montebello State: CA Zip: 90640 Telephone Number: (323) 838-9371 FAX: (323) 838-9191 E-Mail Address: Patriotwaste@aol.com
NASA Services Company Name Name of Parent Company (if Applicable)	Judi Gregory Attendee's Name Zero Waste Director Title	Mailing Address: ~~P.O. Box~~ 1100 S. Maple Ave City: Montebello State: CA Zip: 90640 Telephone Number: (888) 888-0388 FAX: 323) 888-0398 E-Mail Address: judi@nasaservices.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
American Reclamation, Inc Company Name Craig Doerr Name of Parent Company (if Applicable)	Craig Doerr Attendee's Name Regional Manager Title	Mailing Address: 4560 Doran st City: Los Angeles State: CA Zip: 90039 Telephone Number: (213) 305 3115 FAX: (818) 548 8814 E-Mail Address: Craig@socoastrec.com
Commercial Wask Services Company Name Name of Parent Company (if Applicable)	Haik Petrosian Attendee's Name V.P Title	Mailing Address: 1530 Date St City: Montebello State: Ca Zip: 90640 Telephone Number: (323) 718-0959 FAX: ( ) E-Mail Address: Haik@ CWRservices.com
Athens Services Company Name Name of Parent Company (if Applicable)	Dan Edwards Attendee's Name Exec. V.P. Title	Mailing Address: 11266 Roberta Ct. City: Sun Valley State: CA Zip: 91352 Telephone Number: ( ) 213-4372 FAX: ( ) E-Mail Address: SIB dedwards@athensservice.com
Justin Kellhaver Company Name Rehrig Pacific Name of Parent Company (if Applicable)	Justin Kellhaver Attendee's Name Sales Manager Title	Mailing Address: 4010 E 26th STREET City: Los Angeles State: CA Zip: 90058 Telephone Number: 310) 529 6774 FAX: ( ) E-Mail Address: jkellhaver@rehrigpacific.com
Rehrig Pacific Company Name N/A Name of Parent Company (if Applicable)	Meghan Thompson Attendee's Name Sales Representative Title	Mailing Address: 4010 E. 26th street City: Los Angeles State: CA Zip: 90058 Telephone Number: (916) 730-7372 FAX: ( ) E-Mail Address: Mthompson@rehrigpacific.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Ware Disposal Company Name Name of Parent Company (if Applicable)	Jeremy Olson Attendee's Name Acct Rep Title	Mailing Address: P.O. Box 8089 City: Newport Beach State: CA Zip: 92658 Telephone Number: (714) 664-0677 FAX: (714) 664-0696 E-Mail Address: Jeremy@wareDisposal.com
Ware Disposal Company Name Name of Parent Company (if Applicable)	Brad Timmons Attendee's Name Sales Manager Title	Mailing Address: P.O. Box 8089 City: Newport Beach State: CA Zip: 92658 Telephone Number: (714) 664-0677 FAX: 714) 664-0696 E-Mail Address: Brad@wareDisposal.com
United Pacific Waste Company Name Name of Parent Company (if Applicable)	Zohrab Mooradian Attendee's Name Sales Manager Title	Mailing Address: PO Box 908 City: Pico Rivera State: CA Zip: 90660 Telephone Number: 323 770-1236 FAX: (562) 908-2111 E-Mail Address: ZohrabM@UPWRS.COM
Republic Company Name Name of Parent Company (if Applicable)	S. Passantino Attendee's Name Title	Mailing Address: 9200 Glenoaks Bl. City: SV State: CA Zip: 91352 Telephone Number: ( ) FAX: ( ) E-Mail Address: SPassantino@republic
Republic Company Name Name of Parent Company (if Applicable)	James Pledger Attendee's Name Title	Mailing Address: 9200 Glenoaks Blvd City: Sun. Valley. State: CA Zip: 91352 Telephone Number: ( ) FAX: ( ) E-Mail Address: JPledgerIII@RepublicServices.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Waste Management Company Name Name of Parent Company (if Applicable)	Mark Stackle Attendee's Name Director Title	Mailing Address: 2160 Avenida Toronja City: Carlsbad State: CA Zip: 92009 Telephone Number: (760) 943-8333 FAX: ( ) E-Mail Address: mstackle@wm.com
Universal Waste Company Name Name of Parent Company (if Applicable)	Matt Blackburn Attendee's Name VP Title	Mailing Address: PO Box 3038 City: Whittier State: CA Zip: 90605 Telephone Number: (562) 695-8236 FAX: 562 941-4915 E-Mail Address: matt@uwscompany.com
NASA SERVICES INC Company Name Name of Parent Company (if Applicable)	Nick SARKISIAN Attendee's Name V.P. Title	Mailing Address: 1701 GAGE Road City: Montebello State: CA Zip: 90640 Telephone Number: (888) 888-0388 FAX: (323) 888-0398 E-Mail Address: NICK@NASASERVICES.COM
ATHENS SERVICES Company Name Name of Parent Company (if Applicable)	TOMAS SOLIS Attendee's Name OPS MANAGER Title	Mailing Address: 11266 PEORIA ST City: SUN VALLEY State: CA Zip: 91352 Telephone Number: (626) 705-6595 FAX: ( ) E-Mail Address: TOMASSOLIS@ATHENSSERVICES.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
SOUTHLAND DISPOSAL Company Company Name Name of Parent Company (if Applicable)	RYAN OGANESIAN Attendee's Name VP Title	P.O. BOX 86786 Mailing Address: City: LOS ANGELES State: CA Zip: 90086 Telephone Number: (323) 780-7150 FAX: (323) 780-7164 E-Mail Address: RYAN@SOUTHLANDDISPOSAL.COM
[illegible] Company Name Allan Company Name of Parent Company (if Applicable)	Lizette Jimenez Attendee's Name Account Manager Title	Mailing Address: 14620 Joanbridge Str City: Baldwin Park State: CA Zip: 91706 Telephone Number: (626) 962-4047 FAX: (626) 962-4049 E-Mail Address: ljimenez@allancompany.com
Athens Services Company Name Name of Parent Company (if Applicable)	Mehdi Mazmanian Attendee's Name Director Of Systems Integration Title	Mailing Address: 11626 Pounds St. City: Sun Valley State: CA Zip: 91352 Telephone Number: (818) 262-6729 FAX: ( ) E-Mail Address: MMazmanian@athensservices.com
Patriot Services Inc. Company Name Name of Parent Company (if Applicable)	Helen Garcia Attendee's Name Account Manger Title	Mailing Address: P.O Box 145 City: Montebello State: CA Zip: 90640 Telephone Number: (323) 838-9375 FAX: (323) 838-9191 E-Mail Address: Patriotwaste@aol.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
BINS BINS BINS, INC Company Name TOMER ASSEMAF Name of Parent Company (if Applicable)	CONNIE ROJAS Attendee's Name OFFICE ASSISTANT Title	Mailing Address: P.O. BOX 1088 City: SUN VALLEY State: CA Zip: 91353 Telephone Number: (818) 442-7224 FAX: (818) 771-1226 E-Mail Address: Connie@3bins.com
V I S Company Name Valley Vista Name of Parent Company (if Applicable)	Derek Rojas Attendee's Name mkt mgr Title	Mailing Address: 17145 Raymond City: alhi State: _____ Zip: _____ Telephone Number: (626 8[illegible] 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:
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:

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Waste Resources Company Name Dave Oeffling Name of Parent Company (if Applicable)	Dave Oeffling Attendee's Name Env. Sup. Title	Mailing Address: PO Box 2410 City: Garden. State: CA Zip: 90247 Telephone Number: (310) 386-7600 FAX: ( ) E-Mail Address: doeffling@wasteresources.com
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:
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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APEX WASTE SYSTEM INC Company Name Name of Parent Company (if Applicable)	EUGENE NZOMAKA Attendee's Name QUALITY CONTROL SUPERVISOR Title	Mailing Address: 2400 E. 70TH ST. City: LONG BEACH State: CA Zip: 90805 Telephone Number: (562) 2724501 FAX: (562) 2724513 E-Mail Address: Apexwasteinc@AOL.com
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:
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: