PROPOSERS' CONFERENCE SUMMER BEACH BUS SERVICES (2018-AN033) LOS ANGELES COUNTY PUBLIC WORKS WEDNESDAY, JANUARY 9, 2019, AT 9 A.M., CONFERENCE ROOM B

Please print clearly and leave your business card.

Page ___ of ____

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
COMPLETE COACH WAYKS Company Name Name of Parent Company (if Applicable)	Manclo Aguivré Attendoe's Name Parts Soles Mannager Title	Mailing Address: 1863 Service COUTT City: Liverside State: CA Zip: 19507 Telephone Number: 191835.4440 FAX: FAX: E-Mail Address: Magnive & Complete Conch. Complete
TRANSIT Sistems Unlinited, INC Company Name Name of Parent Company (if Applicable)	Evelyn Lemus Attendee's Name Executive Assistant Title	Mailing Address:8974 Laurel Canyon Blvd.City:Sun ValleyState:CA Zip:91352Telephone Number:(818) 504 - 6403E-Mail Address:MVanegas Etransit=System 5. b12
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address:
Company Name Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:

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