

PROPOSERS' CONFERENCE
SHOPPING CART RETRIEVAL SERVICES (2016-AN031)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
TUESDAY, NOVEMBER 29, 2016 AT 9:00A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

Page ____ of ____

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
RETAIL MARKET, INC SERVICES Company Name Calif STOPPINK CART Name of Parent Company (if Applicable)	Brian Raymond Attendee's Name VP Business Development Title	Mailing Address: 1020 N. WAKE ST City: BARBANK State: CA Zip: 91502 Telephone Number: (818) 503-3031 FAX: (818) 503-3041 E-Mail Address: B.Raymond@RETAILMKTG.COM
CALIF STOPPINK CART RETAIL Company Name RETAIL MARKET SERVICES Name of Parent Company (if Applicable)	Sam Rodriguez Attendee's Name Director of OP Title	Mailing Address: 1020 N. WAKE ST City: BARBANK State: CA Zip: 91502 Telephone Number: (818) 503-4613 FAX: (818) 503-3070 E-Mail Address: SRodriguez@CALIFSTOPPINK.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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