PROPOSERS' CONFERENCE
(MAINTENANCE & ROUTINE SERVICE OF PUBLIC WORKS HEADQUARTERS COMPLEX ELEVATORS)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(MONDAY, MARCH 23, 2015), AT 10:00A.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
Thyssenkrupp Company Name Name of Parent Company (if Applicable)	David Hostalek Attendee's Name Acct Rep Title	Mailing Address: 6087 Triangle Dr City: Los Angeles State: CA Zip: 90040 Telephone Number: (818) 847-6150 FAX: ( ) E-Mail Address: david.hostalek@thyssenkrupp.com
SCHINDLER Company Name Name of Parent Company (if Applicable)	JERRY J CHAVIRA Attendee's Name SUPT Title	Mailing Address: 16450 FOOTHILL BLVD City: SYLMAR State: CA Zip: 91342 Telephone Number: (818) 336-3000 FAX: (818) 336-3036 E-Mail Address: JERRY.CHAVIRA@US.SCHINDLER.COM
Amtech Elevator Company Name UTC Name of Parent Company (if Applicable)	RAQUEL FLORES Attendee's Name ACCOUNT MANAGER Title	Mailing Address: 3041 Roswell ST City: Los Angeles State: CA Zip: 90065 Telephone Number: (323) 3442941 FAX: (323) 478-2130 E-Mail Address: raquel.flores@amtechelevator.com
Amtech Elevator Company Name UTC / OTIS Name of Parent Company (if Applicable)	Steve Park Attendee's Name Account Manager Title	Mailing Address: 3041 Roswell St. City: Los Angeles State: CA Zip: 90065 Telephone Number: (323) 478-2100 FAX: (323) 478-2130 E-Mail Address: Steve.Park@Amtechelevator.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
Schindler Elev Corp. Company Name Name of Parent Company (if Applicable)	Brittney Roberts Attendee's Name Market Development Man. Title	Mailing Address: 16450 Foothill Blvd. Suite 200 City: Sylmar State: CA Zip: 91342 Telephone Number: (818) 263 1503 FAX: ( ) E-Mail Address: brittney.roberts@us.schindler.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: