

**PROPOSERS' CONFERENCE**  
**AS-NEEDED WATER CONSERVATION BEST MANAGEMENT PRACTICES**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**WEDNESDAY, JULY 16, 2014, AT 9 A.M., CONFERENCE ROOM C**

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Please print clearly and leave your business card.

| COMPANY NAME                                | NAME OF PERSON ATTENDING                | MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS                                                                                                                                                                                          |
|---------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Waterwise Consulting</u><br>Company Name | <u>Brian Durando</u><br>Attendee's Name | Mailing Address: <u>1147 South Grand Ave</u><br>City: <u>Glendale</u> State: <u>CA</u> Zip: <u>91746</u><br>Telephone Number: <u>(626) 335-7888</u> FAX: <u>( )</u><br>E-Mail Address: <u>B.Durando@waterwise-consulting.com</u> |
| Name of Parent Company (if Applicable)      | <u>Program Director</u><br>Title        |                                                                                                                                                                                                                                  |
| <u>Company Name</u>                         | <u>Attendee's Name</u>                  | Mailing Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone Number: ( ) FAX: ( )<br>E-Mail Address: _____                                                                                                         |
| Name of Parent Company (if Applicable)      | <u>Title</u>                            |                                                                                                                                                                                                                                  |
| <u>Company Name</u>                         | <u>Attendee's Name</u>                  | Mailing Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone Number: ( ) FAX: ( )<br>E-Mail Address: _____                                                                                                         |
| Name of Parent Company (if Applicable)      | <u>Title</u>                            |                                                                                                                                                                                                                                  |
| <u>Company Name</u>                         | <u>Attendee's Name</u>                  | Mailing Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone Number: ( ) FAX: ( )<br>E-Mail Address: _____                                                                                                         |
| Name of Parent Company (if Applicable)      | <u>Title</u>                            |                                                                                                                                                                                                                                  |
| <u>Company Name</u>                         | <u>Attendee's Name</u>                  | Mailing Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone Number: ( ) FAX: ( )<br>E-Mail Address: _____                                                                                                         |
| Name of Parent Company (if Applicable)      | <u>Title</u>                            |                                                                                                                                                                                                                                  |