PROPOSERS' CONFERENCE
AS-NEEDED LEAK DETECTION PROGRAM (2009-AN017)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
TUESDAY, MAY 19, 2009 AT 2 P.M., T&L CONFERENCE ROOM, ANNEX BLDG

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Utility Services Associates Company Name N/A Name of Parent Company (if Applicable)	Tom Ruppenthal Attendee's Name VP Operations Title	Mailing Address: 919 SW 150th St. City: Burien State: WA Zip: 98166 Telephone Number: (800) 621-9292 FAX: (206) 244 0278 E-Mail Address: tom.ruppenthal@usaleaksllc.com
NATIONAL PLANT SERVICES Company Name Name of Parent Company (if Applicable)	DENNIS KEENE Attendee's Name President Title	Mailing Address: 1461 HARBOR AVE. City: LONG BEACH State: CA Zip: 90813 Telephone Number: (562) 436-7600 FAX: (562) 495-1528 E-Mail Address: Dennis.Keene@Nationalplant.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:
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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
ECHOLOGICS ENGINEERING Company Name Name of Parent Company (if Applicable)	CHARLIE FRICKE Attendee's Name REGIONAL SALES MANAGER Title	Mailing Address: 5005 WHITSETT AVE #10 City: NORTH HOLLYWOOD State: CA Zip: 91607 Telephone Number: (818) 481-8306 FAX: ( ) E-Mail Address: CHARLIE@ECHOLOGICS.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:
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