

PROPOSERS' CONFERENCE
ADVERTISING BUS BENCH PROGRAM (2018-AN013)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, FEBRUARY 12, 2018, AT 2:00 P.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Creative Outdoor Advertising Company Name	Marc Osterhoff Attendee's Name	Mailing Address: 8875 Hidden River Parkway City: Tampa State: FL Zip: 33637 Telephone Number: (800) 661-6088 FAX: (866) 426 2237 E-Mail Address: Marc.Osterhoff@creativeadvertising.com
Creative Outdoor Advertising Company Name	Karl Runco Attendee's Name	Mailing Address: 8875 Hidden River Parkway City: Tampa State: FL Zip: 33637 Telephone Number: (800) 661-6088 FAX: (866) 426 2237 E-Mail Address: KarlRunco@CreativeOutdoor.com
MARTIN OUTDOOR MEDIA Company Name	Tim Riley Attendee's Name	Mailing Address: 1990 Westwood Blvd #300 City: Los Angeles State: CA Zip: 90025 Telephone Number: (818) 891-0445 FAX: () E-Mail Address: Tim.Riley@Kohlreuter.com
Martin Outdoor Media Company Name	Keith Thompson Attendee's Name	Mailing Address: 1910 Westwood Blvd City: Los Angeles State: CA Zip: 90025 Telephone Number: (310) 559-1600 FAX: (310) 559-666 E-Mail Address: KThompson@martinoutdoormedia.com
MARTIN OUTDOOR MEDIA Company Name	Pauline Smith Attendee's Name	Mailing Address: 1990 Westwood Blvd #300 City: LA State: CA Zip: 90025 Telephone Number: (310) 559-1600 FAX: () E-Mail Address: Pauline.Smith@martinoutdoormedia.com
Name of Parent Company (if Applicable)	Title	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
<u>COAST UNITED ADVERTISING</u> Company Name	<u>JANIE CAMPOS</u> Attendee's Name <u>GENERAL MANAGER</u> Title	Mailing Address: <u>8020 DEERING AVE.</u> City: <u>CHNOGA PARK</u> State: <u>CA</u> Zip: <u>91304</u> Telephone Number: <u>(818) 313-8644</u> FAX: <u>(818) 313-9024</u> E-Mail Address: <u>JANIEC@BENCHAD.COM</u>
<u>COAST UNITED ADVERTISING</u> Company Name	<u>DOUGLAS CALDERON</u> Attendee's Name <u>FIELD MANAGER</u> Title	Mailing Address: <u>8020 DEERING AVE.</u> City: <u>CHNOGA PARK</u> State: <u>CA</u> Zip: <u>91304</u> Telephone Number: <u>(818) 313-8644</u> FAX: <u>(818) 313-9024</u> E-Mail Address: <u>DOUGLASC@BENCHAD.COM</u>
<u>FUEL Media</u> Company Name	<u>Patrick Mency</u> Attendee's Name <u>President</u> Title	Mailing Address: <u>101 Marketside Ave, 404-177</u> City: <u>Ponte Vedra</u> State: <u>FL</u> Zip: <u>32081</u> Telephone Number: <u>(904) 537-0322</u> FAX: <u>()</u> E-Mail Address: <u>patrick@fuelmediaholdings.com</u>
<u>STREETSMART</u> Company Name	<u>William Singer</u> Attendee's Name <u>President</u> Title	Mailing Address: <u>25 Gardens Corner Rd</u> City: <u>Manalapan</u> State: <u>NJ</u> Zip: <u>07726</u> Telephone Number: <u>(888) 468-1414</u> FAX: <u>()</u> E-Mail Address: <u>William@StreetSmartAdver.com</u>
<u>William Singer</u> 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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Clear Channel Outdoor Company Name	Denise Maruff Attendee's Name Real Estate Rep Title	Mailing Address: 19320 Harborgate Way City: Torrance State: CA Zip: 90503 Telephone Number: (310) 600-1441 FAX: () E-Mail Address: denisemaruff@clearchannel.com
Clear Channel Outdoor Company Name	Peter Gray Attendee's Name Development Director Title	Mailing Address: 1900 Vestland Blvd. # 300 City: LA State: CA Zip: 90059 Telephone Number: (310) 559-1000 FAX: (310) 559-1000 E-Mail Address: Petergray@mechanical.com
Focus Media Group Company Name	Michael Calver Attendee's Name Owner Title	Mailing Address: 7108 Kintella Ave # 54 City: Shreve State: LA Zip: 90050 Telephone Number: (310) 897-7000 FAX: () E-Mail Address: M.Calver@focusmediagroup.com
_____ Company Name	_____ Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
_____ Name of Parent Company (if Applicable)	_____ Title	_____
_____ Company Name	_____ Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
_____ Name of Parent Company (if Applicable)	_____ Title	_____