PROPOSERS' CONFERENCE
MAINTENANCE AND ROUTINE SERVICE OF PUBLIC WORKS HEADQUARTERS COMPLEX ELEVATORS (BRC0000117)
LOS ANGELES COUNTY PUBLIC WORKS
(TUESDAY, JANUARY 7, 2020), AT 2 P.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 elevator Company Name Name of Parent Company (if Applicable)	Jeromy Carroll Attendee's Name Service Supervisor Title	Mailing Address: 16290 Shoemaker City: Cerritos State: CA Zip: 90703 Telephone Number: ( ) FAX: ( ) E-Mail Address: jeromy.carroll@thyssenkrupp.com
Thyssenkrupp Elevator Company Name Name of Parent Company (if Applicable)	Laurisa Ramos Attendee's Name Account Manager Title	Mailing Address: 16290 Shoemaker Ave City: Cerritos State: CA Zip: 90703 Telephone Number: (562) 390-9686 FAX: ( ) E-Mail Address: laurisa.ramos@thyssenkrupp.com
Otis Elevator Co Company Name Name of Parent Company (if Applicable)	Rachelle Dorn Attendee's Name Account Manager Title	Mailing Address: 2701 Media Center Drive Suite Z City: Los Angeles State: CA Zip: 90065 Telephone Number: (714) 305-6275 FAX: ( ) E-Mail Address: rachelle.dorn@otis.com
SmartRise Elevator Company Name Name of Parent Company (if Applicable)	Kirsten Gumm Attendee's Name Account manager Title	Mailing Address: 13523 Larwin circle City: Santa Fe Springs State: CA Zip: 90670 Telephone Number: (951) 987 2863 FAX: ( ) E-Mail Address: kirsten@smartriseelevator.com
Amtech Elevator Company Name Name of Parent Company (if Applicable)	Christina Bonomo Attendee's Name Bussiness Dev Mgr Title	Mailing Address: 3041 Roswell st City: Los Angeles State: CA Zip: 90065 Telephone Number: (626) 328-3743 FAX: ( ) E-Mail Address: ChristinaBonomo@amtechelevator.com

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Elevators Etc Company Name Name of Parent Company (if Applicable)	4327 Ecesare chuer Attendee's Name Chad Babcock GM Title	Mailing Address: City: LA State: Ca Zip: 90027 Telephone Number: (909) 595-2400 FAX: ( ) E-Mail Address:
EXCELSIOR ELEVATOR Company Name Name of Parent Company (if Applicable)	MATT ROUGH Attendee's Name SALES MANAGER Title	Mailing Address: 1961 BLAIR AVE City: SANTA ANA State: CA Zip: 92705 Telephone Number: (949) 757 1688 FAX: ( ) E-Mail Address: MATT@EXCELSIORELEVATOR.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: