

PROPOSERS' CONFERENCE
AS-NEEDED ENVIRONMENTAL LABORATORY SERVICES PROGRAM (2012-AN025)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(MONDAY, APRIL 9, 2012), AT 10 A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

Page 1 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>LA County Env. Toxicology Lab</u> Company Name <u>Agricultural Department</u> Name of Parent Company (if Applicable)	<u>Shaomeng Maggie Xuan</u> Attendee's Name <u>Supervising Toxicologist</u> Title	Mailing Address: <u>11012 Garfield Ave.</u> City: <u>South Gate</u> State: <u>CA</u> Zip: <u>90280</u> Telephone Number: <u>(562) 622-0437</u> FAX: <u>(562) 622-0420</u> E-Mail Address: <u>mxuan@acwm.lacounty.gov</u>
<u>LA County Env. Toxicology Lab</u> Company Name <u>Agricultural Department</u> Name of Parent Company (if Applicable)	<u>Tham Mai</u> Attendee's Name <u>Toxicologist</u> Title	Mailing Address: <u>11012 Garfield Ave BLD B</u> City: <u>South Gate</u> State: <u>CA</u> Zip: <u>90280</u> Telephone Number: <u>(562) 622-0437</u> FAX: <u>(562) 622-0420</u> E-Mail Address: <u>tmai@acwm.lacounty.gov</u>
<u>WECK LABS</u> Company Name Name of Parent Company (if Applicable)	<u>LEO RAAB</u> Attendee's Name <u>BUS. DEV. MGR.</u> Title	Mailing Address: <u>158 14859 E CLARK AVE</u> City: <u>INDUSTRY</u> State: <u>CA</u> Zip: <u>91745</u> Telephone Number: <u>(626) 336 2139</u> FAX: <u>(626) 336 2634</u> E-Mail Address: <u>LEO.RAAB@WECKLABS.COM</u>
<u>American Environmental Testing Laboratory</u> Company Name Name of Parent Company (if Applicable)	<u>Glenn Daniels</u> Attendee's Name <u>BUS. DEV. MGR.</u> Title	Mailing Address: <u>7834 North Naomi Street</u> City: <u>Burbank</u> State: <u>CA</u> Zip: <u>91504</u> Telephone Number: <u>(818) 845-8200</u> FAX: <u>(818) 845-8840</u> E-Mail Address: <u>Glenn@aetlab.com</u>
 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
<u>ALS Columbia</u> Company Name Name of Parent Company (if Applicable)	<u>Nicole Pannone</u> Attendee's Name <u>Technical Sales Rep</u> Title	Mailing Address: <u>2655 Park Blvd Dr Ste A</u> City: <u>Simi Valley</u> State: <u>CA</u> Zip: <u>93065</u> Telephone Number: <u>(805) 526-7161</u> FAX: <u>()</u> E-Mail Address: <u>npannone@caslab.com</u>
<u>American Analytics</u> Company Name Name of Parent Company (if Applicable)	<u>Allen Aminion</u> Attendee's Name <u>QA MANAGER</u> Title	Mailing Address: <u>9755 Eton Ave</u> City: <u>Chatsworth</u> State: <u>CA</u> Zip: <u>91311</u> Telephone Number: <u>(818) 998-5547</u> FAX: <u>(818) 998-7258</u> E-Mail Address: <u>allen.aminion@americananalytics.com</u>
<u>Advanced Technology Labs</u> Company Name <u>Environmental Treatment & Tech</u> Name of Parent Company (if Applicable)	<u>EDRIC CABALLERO</u> Attendee's Name <u>Int'l Customer Relations Mgr</u> Title	Mailing Address: <u>3275 Walnut Ave</u> City: <u>Signal Hill</u> State: <u>Ca</u> Zip: <u>90755</u> Telephone Number: <u>949 375-4859</u> FAX: <u>562 989-4045</u> E-Mail Address: <u>EDRIC@ATLGLOBAL.COM</u>
<u>SIERRA ANALYTICAL LABS, INC</u> Company Name <u>N/A</u> Name of Parent Company (if Applicable)	<u>ANDREW KIM</u> Attendee's Name <u>QA/QC DIRECTOR</u> Title	Mailing Address: <u>26052 MERIT CIR SUITE 104</u> City: <u>LAGUNA HILLS</u> State: <u>CA</u> Zip: <u>92653</u> Telephone Number: <u>(949) 348-9389</u> FAX: <u>(949) 348-9115</u> E-Mail Address: <u>andrewk@sierralabs.net</u>
<u>Calscience Environmental</u> Company Name Name of Parent Company (if Applicable)	<u>Kim Banks</u> Attendee's Name <u>K Marketing Director</u> Title	Mailing Address: <u>7440 Lincoln Way</u> <u>92841</u> City: <u>Garden Grove</u> State: <u>CA</u> Zip: <u>92748</u> Telephone Number: <u>(714) 895-5494</u> FAX: <u>()</u> E-Mail Address: <u>kbanks@calscience.com</u>