## ATTENDANCE FORM RFP 04-20 Pre-Bid Meeting BHC Building 3 AHU Replacement Wednesday, January 22, 2020 – 10:00 a.m. Black Hawk Room Q1-255

|   |                   | PLEASE PRINT LEGIBLY:                                                                   |                                        |                                 |
|---|-------------------|-----------------------------------------------------------------------------------------|----------------------------------------|---------------------------------|
|   |                   | Your Name<br>Company Name<br>Street Address<br>City, State, Zip<br>(One name per block) | TELEPHONE #<br>FAX #<br>E-MAIL ADDRESS |                                 |
| 1 | Name:             | Tim Smith                                                                               | PH:                                    | 563-529-4849                    |
|   | Company:          | Russell Co                                                                              | FAX NUMBER:                            |                                 |
|   | Address:          | 4700 East 53rd Street                                                                   | E-MAIL ADDRESS:                        | tsmith@russellco.com            |
|   | City, State, Zip: | Davenport, IA 52722                                                                     |                                        |                                 |
| 2 | Name:             | Brent Husser                                                                            | PH:                                    | 309-798-1516                    |
|   | Company:          | Schebler                                                                                | FAX NUMBER:                            |                                 |
|   | Address:          | 5665 Fenno Road                                                                         | E-MAIL ADDRESS:                        | <u>bhusser@schebler.com</u>     |
|   | City, State, Zip: | Bettendorf, IA 52722                                                                    |                                        |                                 |
| 3 | Name:             | Michael Fuelling                                                                        | PH:                                    |                                 |
|   | Company:          | Rock River Electric                                                                     | FAX NUMBER:                            |                                 |
|   | Address:          | 5753 Poppy Garden Road                                                                  | E-MAIL ADDRESS:                        |                                 |
|   | City, State, Zip: | Colona, IL 61241                                                                        |                                        |                                 |
| 4 | Name:             | Craig Sorensen                                                                          | PH:                                    | 563-468-4900                    |
|   | Company:          | Trane                                                                                   | FAX NUMBER:                            |                                 |
|   | Address:          | 4801 Grand Avenue                                                                       | E-MAIL ADDRESS:                        | <u>craig.sorensen@trane.com</u> |
|   | City, State, Zip: | Davenport, IA 52807                                                                     |                                        |                                 |
| 5 | Name:             | P.J. Foley                                                                              | PH:                                    | 309-738-7876                    |
|   | Company:          | ILLOWA                                                                                  | FAX NUMBER:                            |                                 |
|   | Address:          | 2112 53rd Street                                                                        | E-MAIL ADDRESS:                        |                                 |
|   | City, State, Zip: | Moline, IL 61265                                                                        |                                        |                                 |

|    |                   | Your Name Company Name                                     | ·<br>                                  |                              |
|----|-------------------|------------------------------------------------------------|----------------------------------------|------------------------------|
|    |                   | Street Address<br>City, State, Zip<br>(One name per block) | TELEPHONE #<br>FAX #<br>E-MAIL ADDRESS |                              |
| 6  | Name:             | Ryne Polk                                                  | PH:                                    | 309-368-5256                 |
|    | Company:          | Mechanical Service Inc                                     | FAX NUMBER:                            |                              |
|    | Address:          |                                                            | E-MAIL ADDRESS:                        |                              |
|    | City, State, Zip: |                                                            |                                        |                              |
| 7  | Name:             | Trent Benedict                                             | PH:                                    | 309-335-7338                 |
|    | Company:          | Mechanical Service Inc                                     | FAX NUMBER:                            |                              |
|    | Address:          |                                                            | E-MAIL ADDRESS:                        | tbenedict@relyonmsi.com      |
|    | City, State, Zip: |                                                            |                                        |                              |
| 8  | Name:             | Brad Williams                                              | PH:                                    | 563-529-6137                 |
|    | Company:          | Art-o-Lite                                                 | FAX NUMBER:                            |                              |
|    | Address:          |                                                            | E-MAIL ADDRESS:                        | bwilliams@artolite.com       |
|    | City, State, Zip: | Moline, IL 61265                                           |                                        |                              |
| 9  | Name:             | Nick Foster                                                | PH:                                    |                              |
|    | Company:          | Crawford Co.                                               | FAX NUMBER:                            |                              |
|    | Address:          |                                                            | E-MAIL ADDRESS:                        | nfoster@crawford-company.com |
|    | City, State, Zip: |                                                            |                                        |                              |
| 10 | Name:             | David Meppelink                                            | PH:                                    | 319-533-0177                 |
|    | Company:          | Johnson Controls                                           | FAX NUMBER:                            |                              |
|    | Address:          |                                                            | E-MAIL ADDRESS:                        | david.p.meppelink@jci.com    |
|    | City, State, Zip: |                                                            |                                        |                              |
| 11 | Name:             | Derek Ver Heecke                                           | PH:                                    | 309-507-3302                 |
|    | Company:          | Mechanical Sales                                           | FAX NUMBER:                            |                              |
|    | Address:          |                                                            | E-MAIL ADDRESS:                        | dverheecke@mechsales.com     |
|    | City, State, Zip: |                                                            |                                        |                              |

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|----|-------------------|-----------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|
| 12 | Name:             | Justin Brock                                                                            | PH:                                    | 563-526-3117                     |
|    | Company:          | Northwest Mechanical                                                                    | FAX NUMBER:                            |                                  |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        |                                  |
|    | City, State, Zip: |                                                                                         |                                        |                                  |
| 13 | Name:             | Matt Snyder                                                                             | PH:                                    | 309-793-3404                     |
|    | Company:          | IMEG                                                                                    | FAX NUMBER:                            |                                  |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        | matthew.d.snyder@imegcorp.com    |
|    | City, State, Zip: |                                                                                         |                                        |                                  |
| 14 | Name:             | Nick Hennigan                                                                           | PH:                                    | 309-793-3342                     |
|    | Company:          | IMEG                                                                                    | FAX NUMBER:                            |                                  |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        | nicholas.j.hennigan@imegcorp.com |
|    | City, State, Zip: |                                                                                         |                                        |                                  |
| 15 | Name:             | Peter Eliopoulos                                                                        | PH:                                    | 312-994-9973                     |
|    | Company:          | DKA                                                                                     | FAX NUMBER:                            |                                  |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        | peliopoulos@dka-design.com       |
|    | City, State, Zip: |                                                                                         |                                        |                                  |
| 16 | Name:             | Bob McChurch                                                                            | PH:                                    | 309-737-0325                     |
|    | Company:          | BHC Facilities - Director                                                               | FAX NUMBER:                            |                                  |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        | mcchurchr@bhc.edu                |
|    | City, State, Zip: |                                                                                         |                                        |                                  |
| 17 | Name:             | Mike Meleg BHC Director of Purchasing & Auxiliary                                       | PH:                                    | 309-796-5002                     |
|    | Company:          | Services                                                                                | FAX NUMBER:                            |                                  |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        | melegm@bhc.edu                   |
|    | City, State, Zip: |                                                                                         |                                        |                                  |

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|    |                   | PLEASE PRINT LEGIBLY                                                                    | :                                      |                 |
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| 18 | Name:             | Steve Frommelt                                                                          | PH:                                    |                 |
|    | Company:          | BHC - VP of Finance                                                                     | FAX NUMBER:                            |                 |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        |                 |
|    | City, State, Zip: |                                                                                         |                                        |                 |
| 19 | Name:             | Dorcas Cooper                                                                           | PH:                                    | 309-796-5220    |
|    | Company:          | BHC- Purchasing Asst                                                                    | FAX NUMBER:                            |                 |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        | cooperd@bhc.edu |
|    | City, State, Zip: |                                                                                         |                                        |                 |
| 20 | Name:             |                                                                                         | PH:                                    |                 |
|    | Company:          |                                                                                         | FAX NUMBER:                            |                 |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        |                 |
|    | City, State, Zip: |                                                                                         |                                        |                 |
| 21 | Name:             |                                                                                         | PH:                                    |                 |
|    | Company:          |                                                                                         | FAX NUMBER:                            |                 |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        |                 |
|    | City, State, Zip: |                                                                                         |                                        |                 |
| 22 | Name:             |                                                                                         | PH:                                    |                 |
|    | Company:          |                                                                                         | FAX NUMBER:                            |                 |
|    | Address:          |                                                                                         | E-MAIL ADDRESS:                        |                 |
|    | City, State, Zip: |                                                                                         |                                        |                 |