

**Pre-Proposal Conference Sign-in Sheet**  
**K21-0055-260 RFP: MDJUD Master Contract for Graphic Design Services**

Name: <u>Aaron Moore</u> Company: <u>Orange Element</u> Address: _____ City: _____ State, Zip: _____ Office: <u>410-244-7221</u> Cell: _ E-mail: _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No
Name: <u>Ashley Stefun</u> Company: <u>R&amp;B Services</u> Address: _____ City: _____ State, Zip: _____ Office: <u>240-462-3463</u> Cell: _____ E-mail: _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No
Name: <u>Christine Walsh</u> Company: <u>Alpha Graphics</u> Address: _____ City: _____ State, Zip: _____ Office: <u>410-727-1400</u> Cell: _____ E-mail: _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No
Name: <u>Brianna Downing</u> Company: <u>Conceptual Geniuses</u> Address: _____ City: _____ State, Zip: _____ Office: <u>240-863-4285</u> Cell: _____ E-mail: _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No

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<p>Name: <u>Raphael Rigaud</u></p> <p>Company: <u>Rigaud Global Company</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>703-763-3165</u> Cell: <u>  </u></p> <p>E-mail: _____</p>	<p>Certified MBE:     Yes         No</p> <p>Small Business:    Yes         No</p> <p>Veteran Owned:     Yes         No</p> <p>Veteran Owned Small Business:    Yes         No</p>
<p>Name: <u>Carrie O'Meara</u></p> <p>Company: <u>Media Star Promotions</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>410-825-8500</u> Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE:     Yes         No</p> <p>Small Business:    Yes         No</p> <p>Veteran Owned:     Yes         No</p> <p>Veteran Owned Small Business:    Yes         No</p>
<p>Name: <u>Irene Ng</u></p> <p>Company: <u>Moya Design Promotions</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>410-825-8500</u> Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE:     Yes         No</p> <p>Small Business:    Yes         No</p> <p>Veteran Owned:     Yes         No</p> <p>Veteran Owned Small Business:    Yes         No</p>
<p>Name: <u>Tim Jones</u></p> <p>Company: <u>Phoenix Lifestyle Marketing Group</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>855-447-9564</u> Cell: _____</p> <p>E-mail: <a href="mailto:tjones@phoenixlmg.com">tjones@phoenixlmg.com</a></p>	<p>Certified MBE:     Yes         No</p> <p>Small Business:    Yes         No</p> <p>Veteran Owned:     Yes         No</p> <p>Veteran Owned Small Business:    Yes         No</p>

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Name: <u>Robyn Quinter</u> Company: <u>Quinter Design</u> Address: _____ City: _____ State, Zip: _____ Office: <u>301-924-4654</u> Cell: _ E-mail: <a href="mailto:info@quinterdesign.com">info@quinterdesign.com</a> _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No
Name: <u>Claire Purnell</u> Company: <u>Claire Purnell Graphic Design</u> Address: _____ City: _____ State, Zip: _____ Office: <u>410-703-2243</u> Cell: _____ E-mail: _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No
Name: <u>Steven Norwood</u> Company: <u>Ironmark</u> Address: _____ City: _____ State, Zip: _____ Office: <u>410-329-1942</u> Cell: _____ E-mail: _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office:              Cell: _____ E-mail: _____	Certified MBE:      Yes              No  Small Business:      Yes              No  Veteran Owned:      Yes              No  Veteran Owned Small Business:      Yes              No