

Bid Pickup
UMC BID No. 2011-17
 Air Handling Unit Replacement – Surgery Dept.

\$0 per set

Date	7/26/11
Company Name	LONG mech
Contact Name	James Neal
Address	6560 S. Tioga way
City, State, Zip	LAS VEGAS
Phone #	740-8100
Fax #	740-0189
Email Address	Jneal@long.com
# plans picked up	Set # 1
Fees collected	Ø

Date	7/27/11
Company Name	
Contact Name	
Address	
City, State, Zip	
Phone #	
Fax #	
Email Address	
# plans picked up	Set # 3
Fees collected	Ø



NCL: 52-B, 46508, 74178, 70239

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 5080 SOUTH CAMERON • LAS VEGAS, NV 89118

Date	
Company Name	
Contact Name	
Address	
City, State, Zip	
Phone #	
Fax #	
Email Address	
# plans picked up	Set #
Fees collected	

Date	
Company Name	
Contact Name	
Address	
City, State, Zip	
Phone #	
Fax #	
Email Address	
# plans picked up	Set #
Fees collected	

University Medical Center Of Southern Nevada

CONFIRMATION FORM FOR RECEIPT OF

BID NO. 2011-17

Air Handling Unit Replacement - Surgery Dept.

If you are interested in this invitation, immediately upon receipt, please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

PROJECT NO. RFP NO. 2011-17

DESCRIPTION: Air Handling Unit Replacement - Surgery Dept.

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: DP AIR

Company Address: 7531 EASTGATE RD.

City / State / Zip: HENDERSON, NV 89011

Name / Title: BRUCE HAWKINS SALES REPRESENTATIVE

Area Code/Phone Number: 702-321-2616

Area Code/Fax Number: 702-798-4864

Email Address: B.HAWKINS@DPAIR.COM

FAX THIS CONFIRMATION FORM TO: (702) 383-3824

Or EMAIL TO: jim.haining@umcsn.com

TYPE or PRINT CLEARLY

University Medical Center Of Southern Nevada

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VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: _____

Company Address: _____

City / State / Zip: _____

Name / Title: _____

Area Code/Phone Number: _____

Area Code/Fax Number: _____

Email Address: _____



JENNIFER ARGUEROS
~~Lead Reporter~~
 Lead Reporter

3131 Meade Avenue, #B
 Las Vegas, NV 89102
 Phone: 702.876.8660
 Fax: 702.876.5683

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Set # 2

\$

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