



AGC's BIM Education Program

GCA Conference Room – 1065 Ahua Street, Honolulu

Dates & Time:

August 28, 2018

7:30 a.m. to 4:00 p.m.

Location:

GCA Conference Room
 1065 Ahua Street, Honolulu

Cost:

\$450 for GCA members
 \$550 for non-members

Register

Instructor:

Daniel Russell,
 President
 Practical BIM Solutions, LLC.

DEADLINE: July 27, 2018

Class space is limited and reserved on a first come, first served basis.

Please note!! No refund will be provided if you cancel after the deadline, however you may transfer your registration to another employee within your organization.

Please see attached for the registration form.

UNIT 2 - BIM TECHNOLOGY (3RD EDITION)

A full-day course designed to provide a neutral introduction to BIM tools. Throughout the course, tools are introduced as they relate to the functions they perform, as well as particular phases in a project where they have the strongest capabilities. By understanding these differences, it is possible for each attendee to determine what questions need to be asked prior to making an investment in technology.

Course Learning Objectives

- Explain the phased structure of a BIM project.
- Describe the classes of BIM tools.
- List the common BIM applications.
- Describe how the use of BIM tools needs to be planned and organized.
- Explain the need to embed tools into the process.
- Develop a process for selecting relevant BIM tools.

| Time | Session | Topic/Activity |
|-------------------------|---------|--------------------------------------|
| 7:30 a.m. – 9:00 a.m. | | Welcome & BIM Assessment Exercise |
| | 1 | Technology Overview and Definitions |
| 9:00 a.m. – 9:15 a.m. | | Break |
| 9:15 a.m. – 11:30 a.m. | 2 | Tools |
| 11:30 a.m. – 12:00 p.m. | | Lunch |
| 12:00 p.m. – 1:00 p.m. | 3 | Technology Selection |
| 1:00 p.m. – 1:15 p.m. | | Break |
| 1:15 p.m. – 2:30 p.m. | 4 | File Formats and Emerging Technology |
| 2:30 PM – 4:00 p.m. | | Emerging Technology |

1065 Ahua Street
 Honolulu, HI 96819
 Phone: 808-833-1681 FAX: 839-4167
 Email: info@gcahawaii.org
 Website: www.gcahawaii.org



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

The General Contractors Association of Hawaii Presents:

AGC'S BIM EDUCATION PROGRAM

UNIT 1 - AN INTRODUCTION TO BUILDING INFORMATION MODELING (3RD EDITION)

Registration Form

FAX to 808-839-4167 or email to gca@gcahawaii.org

If you did not receive a confirmation, please call 833-1681 ext. 14.

| | | | |
|------------|--|------------|--|
| NAME: | | EMAIL: | |
| NAME: | | EMAIL: | |
| CONTACT: | | EMAIL: | |
| COMPANY: | | | |
| ADDRESS: | | | |
| CITY: | | STATE/ZIP: | |
| PHONE/FAX: | | CELL: | |

LOCATION: The course will be held at GCA Conference Room, 1065 Ahua Street, Honolulu, HI 96819

DATE: August 27, 2018

TIME: 7:30 a.m. to 4:00 p.m.

“Participants must complete all sessions in order to obtain certification.”

PAYMENT INFORMATION: (Payment must accompany registration to secure seat)
 Registration fee includes Participant’s Handouts and lunch.

Registration Deadline and Cancellation policy: DEADLINE: July 27, 2018

No refund will be provided if cancellation is made after the deadline, however you may transfer your registration to another employee within your organization. Class space is limited and reserved on a first come, first served basis.

Class may be cancelled if minimum enrollment is not met.

| | |
|---|---|
| <input type="checkbox"/> \$450 per Unit for members (bill company) | <input type="checkbox"/> \$550 per Unit for non-members |
| <input type="checkbox"/> Enclosed is a check for | Make check payable to GCA of Hawaii |
| <input type="checkbox"/> Charge credit card on file | |
| <input type="checkbox"/> Charge my credit card (See attached CC Form) | |

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**PLEASE FAX WITH YOUR
 REGISTRATION FORM TO:
 839-4167**

| CREDIT CARD AUTHORIZATION FORM | | | |
|---------------------------------------|-----------------------------|-------------------------------|-----------------------------------|
| NAME ON CARD: | | | |
| COMPANY: | | | |
| ADDRESS: | | | |
| CITY: | | STATE/ZIP: | |
| PHONE/ FAX: | | | |
| AMOUNT: | | | |
| CREDIT CARD TYPE: | | | |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MC | <input type="checkbox"/> AMEX | <input type="checkbox"/> DISCOVER |
| CARD NUMBER: | | | |
| EXP. DATE: | | CODE: | |
| EVENT & LOCATION: | | | |
| DATE OF EVENT: | | | |
| SIGNATURE: | | DATE: | |
| CONTACT PERSON | | | |

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|--|
| <input type="checkbox"/> Check box to request credit card receipt to be emailed @ _____ |
| <input type="checkbox"/> Check box to request original credit card receipt to be mailed. |
| <input type="checkbox"/> Check box to request copy of credit card receipt to be faxed. |

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| <i>FOR GCA OFFICE ONLY:</i> |
| <i>RECEIVED BY:</i> |
| <i>DATE:</i> |