



**Date & Time:**

Friday, May 25, 2018  
8:00 a.m. – 12 noon

**Location:**

GCA Conference Room  
1065 Ahua Street, Honolulu

**Cost:**

\$250 for GCA members  
\$400 for non members

**Register**

**INSTRUCTOR:**

Scott Jennings

**DEADLINE:**

May 18, 2018  
Class space is limited and reserved on a first come, first served basis.

**Please note!!** If you cancel your registration at least five (5) days prior to the class, GCA will provide a full refund. No refund will be provided if you do not meet this deadline, however you may transfer your registration to another employee within your organization.

## Advanced Blueprint Reading – Civil

This class is designed for the person who has completed basic blueprint reading or who has a basic knowledge of the components of blueprints including title blocks, lines, symbols and revision symbols.

The reading of construction blueprints is a skill in construction. All construction professionals, regardless of whether they are working in the field or in the office, must know how to read blueprints.

This course is designed to provide you with the knowledge and enough practice at reading blueprints to get you started. Mastery of blueprint reading will come with practice and with using blueprints on the job on a regular basis.

### Course Outline:

Understanding:

1. Topo/grading plans;
2. Calculating slopes and elevations.

Coordination and quantity take-off:

1. Earthwork; site utilities;
2. Site & street improvements;
3. Onsite/offsite work; etc.
4. Also, course will cover NPDES/SWPPP requirements.

*Please see attached for the registration form.*

1065 Ahua Street  
 Honolulu, HI 96819  
 Phone: 808-833-1681 FAX: 839-4167  
 Email: [info@gcahawaii.org](mailto:info@gcahawaii.org)  
 Website: [www.gcahawaii.org](http://www.gcahawaii.org)



**GCA of Hawaii**

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

The General Contractors Association of Hawaii Presents:

## ADVANCED BLUEPRINT READING – CIVIL

### Registration Form

FAX to 808-839-4167 or email to [gca@gcahawaii.org](mailto: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:** Friday, May 25, 2018

**TIME:** 8:00 a.m. to 12 noon

**PAYMENT INFORMATION:** (Payment must accompany registration to secure seat.)

**Registration Deadline and Cancellation policy:**

The registration deadline for this program **May 18, 2018**. No refund will be provided if you do not meet this deadline, however you may transfer your registration to another employee within your organization.

|   |  |
|---|--|
| <input type="checkbox"/> \$250 per person for members (bill company)<br>Includes Participant's Manual | <input type="checkbox"/> \$400 per person for non-members<br>Includes Participant's Manual |
| <input type="checkbox"/> Enclosed is a check for  | <input type="checkbox"/> 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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# GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

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

| <b>CREDIT CARD AUTHORIZATION FORM</b> |                             |                               |                                   |
|---------------------------------------|-----------------------------|-------------------------------|-----------------------------------|
| 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                        |                             |                               |                                   |

|  |
|--|
| <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.   |

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