

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



**GCA of Hawaii**  
GENERAL CONTRACTORS ASSOCIATION OF HAWAII  
Quality People. Quality Projects.

## CONSTRUCTION QUALITY MANAGEMENT (All classes run approximately 4 hours)

Construction Quality Management (CQM) for Contractors is a joint training program provided by the U. S. Army Corps of Engineers, Honolulu Engineer District (HED) and the Naval Facilities Engineering Command, Pacific Division (PACDIV).

This training is a mandatory certification requirement for an appointed Contractor Quality Control System Manager (CQCSM) that is good for 5 years.

To register, please fill out form and send to:

[gca@gcahawaii.org](mailto:gca@gcahawaii.org)

Due to high demand, only two (2) employees per company, per course. You will receive an **EMAIL CONFIRMATION** if no seats are available.

**Classes are held at the  
General Contractors Association  
(1065 Ahua Street)**

September 12, 13 and 14, 2017

12:00 noon (SHARP)

PLEASE PRINT NAMES CLEARLY

1. \_\_\_\_\_

2. \_\_\_\_\_

Check  appropriate box:

First Priority – **FEDERAL JOB AWARD LETTER (copy)**  
**as a General Contractor must be sent with registration.**

Second Priority  
(No confirmations until 1 week prior to class.)

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MAILING: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

GCA MEMBERS

**\$95 PER PERSON**

NON-MEMBERS

PAYMENT REQUIRED ALONG WITH REGISTRATION

**\$125 PER PERSON**

For billing purposes, please (✓) below where applicable:

GCA Members only - Please invoice company.

Payment Enclosed  
Total \$ \_\_\_\_\_

Credit card payment: Please fill out attached Credit Card Authorization Form

### NOTE:

**Attendees will confirmed through EMAIL if there is a space available. We will no longer confirm through facsimile.**

No refunds for  
**NO SHOWS** and/or  
**CANCELLATIONS**  
less than **5** days  
prior to the start of class.

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# GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

## CREDIT CARD AUTHORIZATION FORM

COMPANY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

EMAIL ADDRESS(PLS FILL) \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

NAME OF GCA EVENT \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT TO CHARGE \_\_\_\_\_

TYPE OF CREDIT CARD  AMEX  DISCOVER  MC  VISA

CREDIT CARD NUMBER \_\_\_\_\_

3 OR 4 DIGIT CODE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### REQUEST COPY OF THE CREDIT CARD CHARGE

(Check line that applies)

- \_\_\_\_\_ Email @ \_\_\_\_\_
- \_\_\_\_\_ Mail
- \_\_\_\_\_ Fax
- \_\_\_\_\_ I do not need a copy