

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.

**Date & Time:**

Tuesday, August 22, 2017  
5:00 p.m. No-Host Cocktails

**Location:**

Honolulu Country Club  
1690 Ala Puumalu Street,  
Honolulu, HI 96818

[Map](#)

**Cost:**

\$60 for GCA members  
\$90 for non-members

**Register**

**Please RSVP by  
August 11, 2017.**

**Please note!!** If you cancel your registration at least five (5) days prior to the event, 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.

*The General Contractors Association of Hawaii  
cordially invites you to attend the GCA's  
General Membership Meeting.*

## CONSTRUCTION UPDATE

*Will be given by representatives from*

City and County of Honolulu  
Dept. of Accounting and General Services  
Department of Transportation  
University of Hawaii

- 5:00 p.m. No Host Cocktails  
Visit **table-top displays** by fellow GCA members
- 6:00 p.m. Dinner
- 7:00 p.m. Program
- 8:30 p.m. Ends

To register, please fill out the attached registration form and return to the GCA via fax 808-839-4167 or email to [gca@gcahawaii.org](mailto:gca@gcahawaii.org).

For additional information, please call Gladys at 808-833-1681 ext. 12.

*Please see attached for the registration form.*



# TABLE TOP INFORMATION AND APPLICATION



The GCA of Hawaii will have table tops available at the function below for those companies who are interested in presenting their products and services. If you are interested, please complete the form below and fax to 839-4167.

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

DATE: \_\_\_\_\_

Type of Product: \_\_\_\_\_

CONTACT: \_\_\_\_\_

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

FAX NO.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EVENT: **GCA Membership Meeting**

DATE OF EVENT: **5:00 P.M. – 8:00 P.M.  
Tuesday, August 22, 2017**

PLACE: **Honolulu Country Club**

**1690 Ala Puumalu Street**

SET UP TIME: **4:00 P.M.**

**Honolulu, HI 96819**

TABLE COST(S): (Space is limited and based on a first come first served basis.)

NO. OF TABLES (limit 2 per company) **GCA MEMBERS ONLY**    **TOTAL**

\_\_\_\_\_ @ \$75.00 (before 08/01/17)/\$150.00 (after 08/01/17)    \_\_\_\_\_

\_\_\_\_\_ @ \$60 Dinner Ticket    \_\_\_\_\_

Total Costs \_\_\_\_\_

**For billing purposes, please (ü) below where applicable:**

Payment Enclosed     Please bill company. **(GCA Member Only)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please call Gladys at 833-1681 ext. 12 if you would like to donate towards **DOOR PRIZES.**

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The General Contractors Association of Hawaii Presents:

## CONSTRUCTION UPDATE:

C&C of Honolulu, DAGS, DOT and UH

### 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:	
NAME:		Email:	
NAME:		Email:	
CONTACT:		Email:	
COMPANY:			
ADDRESS:			
CITY:		STATE/ZIP:	
PHONE/FAX:		CELL:	

**LOCATION:** Honolulu Country Club, 1690 Ala Puumalu Street, Honolulu, HI 96818 [Map](#)

**DATE:** Tuesday, August 22, 2017

**TIME:** 5:00 p.m. – 8:30 p.m.

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

**Registration Deadline and Cancellation policy:**

If you cancel your registration at least five (5) days prior to the event, GCA will provide a full refund. No refund will be provided after this date, however you may transfer your registration to another employee within your organization.

<b>Registration Fees:</b>		<b>TOTAL:</b>	
<input type="checkbox"/>	\$60 for members (bill company)	<input type="checkbox"/>	\$90 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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 Website: [www.gcawhawaii.org](http://www.gcawhawaii.org)



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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>