

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



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

FIRST AID/CPR CLASS

Friday, May 12, 2017 – 7:30 a.m. - 11:30 a.m

Registration

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

PLEASE PRINT NAMES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

GCA MEMBERS
\$ 70.00

NON-MEMBERS
\$ 100.00

PAYMENT REQUIRED
WHEN SUBMITTING REGISTRATION.

To register, please fill out registration form and send:

gca@gcahawaii.org or

Fax #839-4167

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

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

Payment Enclosed **Total \$** _____

Please Bill Company. (GCA Member Only)

For credit card payment, please fill out the attached Credit Card Authorization Form.

Name: _____

Company: _____

E-mail: _____

Mailing: _____

City/Zip: _____

Phone: _____

FAX: _____

**ANY NO SHOWS AND/OR
CANCELLATIONS LESS THAN 3 DAYS
PRIOR TO THE START OF CLASS WILL BE
CHARGED A \$20 FEE.**

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

CREDIT CARD AUTHORIZATION FORM			
NAME ON CARD:			
COMPANY:			
BILLING 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>