



The General Contractors Association of Hawaii Presents:

40 HOUR CONSTRUCTION SAFETY HAZARD AWARENESS TRAINING FOR CONTRACTORS COURSE

July 7, 14, 15, 21 and 22, 2017

Registration Form

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

NAME:		Email:	
NAME:		Email:	
NAME:		Email:	
CONTACT:		Email:	
Company:			
Address:			
City:		State/ZIP:	
Phone/fax:		Cell:	
☞ Sign here to confirm the attendee(s) listed above meets the prerequisite stated on the first page.			

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

TIME: 7:30 a.m. – 4:00 p.m.

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

Registration fee includes lunch and Participant's handout for the course.

Registration Deadline and Cancellation policy:

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.

Registration Fees:	TOTAL:
\$500 for members (bill company)	\$750 for non-members
\$90 EM385-1-1 (2015) Manual	Indicate number of EM385
Enclosed is a check for	Make check payable to GCA of Hawaii
Charge credit card on file	
Charge my credit card (See attached CC Form)	

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.

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

CREDIT CARD AUTHORIZATION FORM			
NAME ON CARD:			
COMPANY:			
BILLING ADDRESS:			
CITY/STATE/ZIP			
PHONE/FAX:		Cell:	
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>
RECEIVED BY:
DATE: