

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

1065 AHUA STREET • HONOLULU, HAWAII 96819-4493 • PHONE 808-833-1681 • FAX 808-839-4167

E-MAIL ADDRESS: gca@gcahawaii.org • WEBSITE: www.gcahawaii.org

NAVFAC CONSTRUCTION SCHEDULING REQUIREMENTS

Continental Breakfast & Lunch Included!

Pearl Country Club

7:30 a.m. Registration

PLEASE NOTE NEW DATES:

CHOOSE EITHER: Wednesday, September 24 -- from 7:30 a.m. to 3:00 p.m.

Or

Thursday, September 25 -- from 7:30 a.m. to 3:00 p.m.

NAVFAC CONSTRUCTION SCHEDULING REQUIREMENTS

Instructor: Glenn Saito, NAVFAC PAC

In partnership with NAVFAC Pacific, the GCA is proud to offer the NAVFAC Construction Scheduling Requirements workshop. The workshop will provide the student with a better understanding of NAVFAC scheduling requirements, which will reduce schedule development and approval times. The student will also be provided guidance on establishing standard SureTrak/P3 project settings and cost loading requirements for NAVFAC contracts.

Topics of Discussion:

- SureTrak/P3 Requirements and Settings
- New Project Setup
- Project Requirements and Settings
- Cost loading requirements
• SureTrak/P3 Procedures

Class space is limited and reserved on a first come, first served basis. Please note!! To avoid being billed in full, cancellations MUST be made by

Wednesday, September 10, 2008

To register, please fill out form and mail or fax to 839-4167.

Please reserve _____ space(s) for our company at \$95 per person.

Please indicate class choice here:

- [] Wednesday, September 24 - 7:30 a.m. to 3:00 p.m.
or
[] Thursday, September 25 - 7:30 a.m. to 3:00 p.m.

*classes may be cancelled if minimum enrollment is not met.

LIST NAME(S) ATTENDING (PLEASE PRINT)

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

- [] Payment Enclosed Amount \$ _____
[] For Credit Card Payment, Please fill out the attached Form.
[] Please bill company. (GCA Member Only)

Name: _____

Company: _____

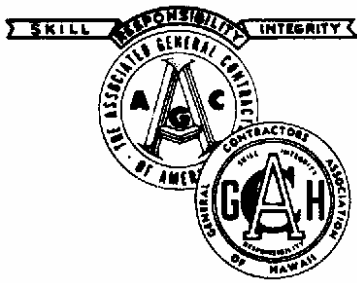
E-mail: _____

Mailing: _____

City/Zip: _____

Phone: _____

FAX: _____



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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:	

<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>			