

**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

**GCA SCHEDULE OF FIRST AID/CPR CLASSES**

(All classes run approximately 4 hours)

**Registration**

If the date(s) you requested are not available, you will be called and given alternate dates. All classes are held at the GCA Office (1065 Ahua Street).

<u>PLEASE PRINT NAMES</u>	11/8/08 8:30am(Sat)
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

<input type="checkbox"/> <b>GCA MEMBERS</b>	
MONDAY \$35 PER PERSON	SATURDAY \$40 PER PERSON

<input type="checkbox"/> <b>NON-MEMBERS</b>	
MONDAY \$55 PER PERSON	SATURDAY \$60 PER PERSON
<b>PAYMENT REQUIRED WHEN SUBMITTING REGISTRATION.</b>	

To register, please fill out registration form and send:

ATTN:Mary  
Fax #839-4167

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: \_\_\_\_\_

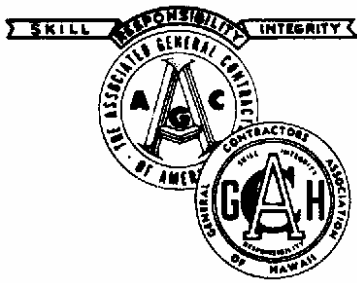
Mailing: \_\_\_\_\_

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

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

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

**ANY NO SHOWS AND/OR  
CANCELLATIONS LESS THAN 3 DAYS  
PRIOR TO THE START OF CLASS WILL BE  
CHARGED A \$10 FEE.**



**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](mailto:gca@gcahawaii.org) • WEBSITE: [www.gcahawaii.org](http://www.gcahawaii.org)

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

<b>CREDIT CARD AUTHORIZATION FORM</b>			
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>			