



NEW Date & Time:

Saturdays, August 18 and 25,
2018

8:00 a.m. to 4:00 p.m.

“Participants must complete all sessions in order to obtain certificate.

Location:

GCA Conference Room
1065 Ahua Street, Honolulu

Cost:

\$395 for GCA members
\$495 for non-members

Register

Instructor:

Joaquin Diaz
Health, Safety and
Environmental
Director, HDCC

DEADLINE: August 3, 2018

Class space is limited and reserved on a first come, first served basis.

Please note!! No refund will be provided if you cancel after the deadline, however you may transfer your registration to another employee within your organization.

The General Contractors Association of Hawaii is proud to present:

PROJECT MANAGER DEVELOPMENT PROGRAM

The Associated General Contractors of America’s Project Manager Development Program (PMDP) is designed for early-career project managers and those looking to move into such a role.

Professionals with less than two years of project-related experience in the commercial construction industry will benefit most from participating in this program. Experienced construction specialists who may be considering a career move into project management will also benefit by participating, as will individuals working in companies that have adopted a team-based management structure for their projects.

Module 4 | Risk Management

Understand the types and sources of risk and how risk changes over the different phases of a project. Learn techniques for managing risk and how the scope and nature of risk management varies based on project contracting methods. Gain insight into the basics of insurance and bonding and how quality control/quality assurance plans help mitigate performance risk.

- Introduction to Risk
- Insurance, Sureties and Bonding
- Warranties and Liability Periods
- Documentation and Managing Risk
- Risk Management Issues
- Conduct of Employees
- Project Risks
- Risk Allocation

Program Completion Certificate

Upon completion of each individual module, participants will receive a course certificate. Participants who complete all five courses need to submit a PMDP application to AGC of America in order to receive the AGC PMDP Certificate of Completion. All who complete the full program, 2018ram will be honored at a GCA Membership Meeting where their commitment and accomplishment will be recognized by the industry.

Please see attached for the registration form.

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



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

The General Contractors Association of Hawaii Presents:

AGC'S PROJECT MANAGER DEVELOPMENT PROGRAM MODULE 4 | RISK MANAGEMENT

Registration Form

FAX to 808-839-4167 or email to gca@gcawhawaii.org

If you did not receive a confirmation, please call 833-1681 ext. 14.

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

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

DATE: Saturdays, August 18th and 25th 2018

TIME: 8:00 a.m. to 4:00 p.m.

“Participants must complete all sessions in order to obtain certificate.”

PAYMENT INFORMATION: (Payment must accompany registration to secure seat)
 Registration fee includes Participant’s Manual and lunch.

Registration Deadline and Cancellation policy: August 3, 2018

No refund will be provided if you cancel after the deadline, however you may transfer your registration to another employee within your organization.

Registration Fees:	TOTAL:
<input type="checkbox"/> \$395 for members (bill company) Includes Participant’s Manual	<input type="checkbox"/> \$495 for non-members Includes Participant’s Manual
<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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**PLEASE FAX WITH YOUR
 REGISTRATION FORM TO:
 839-4167**

CREDIT CARD AUTHORIZATION FORM			
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>