

1065 Ahua Street  
 Honolulu, HI 96819  
 Phone: 808-833-1681 FAX: 839-4167  
 Email: [info@gcawahawaii.org](mailto:info@gcawahawaii.org)  
 Website: [www.gcawahawaii.org](http://www.gcawahawaii.org)



# GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

The General Contractors Association of Hawaii Presents:

## AGC'S SUPERVISORY TRAINING PROGRAM UNIT 4 | CONTRACT DOCUMENTS (2015 EDITION)

### Registration Form

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

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, October 7, 14, 21, 28, 2017

**TIME:** 7:30 a.m. to 1:00 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.

**Registration Deadline and Cancellation policy:**

The registration deadline for this program is September 25, 2017. Full refunds will be made for cancellations received prior to that date. After that date, no refunds will be granted. Replacements accepted.

<b>Registration Fees:</b>		<b>TOTAL:</b>	
<input type="checkbox"/>	\$295 for members (bill company) Includes Participant’s Manual	<input type="checkbox"/>	\$395 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**

<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:	
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>