

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.

The General Contractors Association of Hawaii Presents:

AGC'S SUPERVISORY TRAINING PROGRAM

Unit 5 | Improving Productivity and Managing Project Costs (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: Saturday, June 3rd and 10th, 2017

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

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

Registration fee includes Participant’s Manual and lunch.

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

Registration Deadline and Cancellation policy:

The registration deadline for this program is May 19, 2017. Full refunds will be made for cancellations received prior to that date. After that date, no refunds will be granted. Replacements accepted.

Registration Fees:		TOTAL:	
<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**

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:	
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>