

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.

NAVFAC Hawaii's *Re-fresher* Course on Hawaii's Construction Safety Hazard Awareness Training for Contractors

GCA Conference Room – 1065 Ahua Street, Honolulu

February 29 – March 1, 2012 – 7:30 Registration/ 8:00 a.m. – 4:30 p.m. Program

Lunch and Course Materials will be provided.

The General Contractors Association of Hawaii in partnership with NAVFAC Pacific is now offering a re-fresher course for instructors on NAVFAC Pacific's Construction Safety Hazard Awareness Training for Contractors.

All attendees will prepare two modules to present during the training. Based on alphabetical order, attendees will pick two topics in the course materials.

When successfully completed the Course, the trainer will be able to train individuals to meet NAVFAC Pacific's requirement on 40 Hour Construction Hazard Awareness Course for Contractors specified in contracts on over \$1 million and up.

The Course will be taught by:
ROGER A. URBI, P.E., CSP
Safety Program Manager (Code 09SF)
NAVFAC Pacific

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

Please reserve _____ space(s) for our company at \$350 per person for members/\$550 non-members.

LIST NAME(S) ATTENDING (PLEASE PRINT)

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: _____

Please note!! To avoid being billed in full, cancellations MUST be made by February 17, 2012.

This course is not intended and should not be construed to provide legal or other professional advice. Nor should it be considered an exhaustive treatment of all safety and health issues related to the construction industry.

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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>