

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



**GCA of Hawaii**  
GENERAL CONTRACTORS ASSOCIATION OF HAWAII  
Quality People. Quality Projects.

## CONSTRUCTION QUALITY MANAGEMENT

(All classes run approximately 4 hours)

To register, please fill out form and send to:

**GCA**  
FAX #839-4167

Due to high demand, only two (2) employees per company, per course. You will either receive a confirmation or notified if no seats are available.

Classes are held at the  
**General Contractors Association**  
(1065 Ahua Street)

**February 14, 15 and 16, 2012**  
**12:00 noon (SHARP)**

PLEASE PRINT NAMES CLEARLY

Check  appropriate box:

- First Priority** -- JOB AWARD LETTER (copy) as a General Contractor must be sent with registration.
- Second Priority**  
(No confirmations until 1 week prior to class.)

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
MAILING: \_\_\_\_\_  
CITY/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

**GCA MEMBERS**

**\$95** PER PERSON

**NON-MEMBERS**

PAYMENT REQUIRED ALONG WITH REGISTRATION

**\$125** PER PERSON

For billing purposes, please (✓) below where applicable:

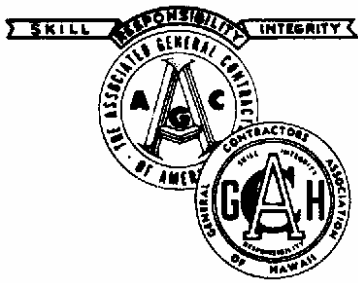
- GCA Members only - Please invoice company.  
 Payment Enclosed

Total \$ \_\_\_\_\_

For credit card payment, please fill out the attached Credit Card Authorization Form

### **NOTE:**

**No refunds for  
NO SHOWS and/or  
CANCELLATIONS  
less than 3 days  
prior to the start of class.**



**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:	
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>			