

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.

BLUEPRINT READING 103

GCA Conference Room
Saturday, February 25 – 8:00 a.m. – 4:00 p.m.
7:30 a.m. Registration

Blueprint Reading 103 - Coordination of All Disciplines & Survey Take-offs

Fundamentals of Blueprint Reading” - An introductory course designed for beginners with emphasis on “hands on” practicality on actual construction blueprints, utilizing disciplines – **Plumbing, Mechanical and Electrical** from real projects.

Course Description Summary:

Section 1: The objective of this course to convey the fundamentals of coordinating all construction disciplines. Coordinating gridlines and dimensions with all disciplines. Coordinating building structural system with its mechanical, electrical and plumbing systems as well as, its finishes.

Section 2: Quantity Survey Take-off utilizing all disciplines of constructions (architectural, structural, mechanical, electrical, etc.] and specification sections. Quantity take-offs used for estimating, scheduling, and change orders. Introduction off survey take-off forms and quantification.

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

COST: \$175.00 per person for GCA Members/ \$250 per person for Non-members

DEADLINE TO REGISTER:

February 17, 2012

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

Please reserve _____ space(s) for our company at \$175 per person for members and \$250 per person for non-members.

LIST NAME(S) ATTENDING (Please print)

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

- Payment Enclosed Amt \$ _____
- For Credit Card Payment, Please fill out the attached Form.
- Please bill company. (GCA Member Only)

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.

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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>