

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.

GCA SCHEDULE OF FIRST AID/CPR CLASSES

(All classes run approximately 4 hours)

Friday, March 16, 2012 – 7:30 a.m.

Registration

All classes are held at the
GCA Conference Room 1st Floor
(1065 Ahua Street).

PLEASE PRINT NAMES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

GCA MEMBERS
\$ 50.00

NON-MEMBERS
\$ 75.00

**PAYMENT REQUIRED
WHEN SUBMITTING REGISTRATION.**

To register, please fill out registration form and send:

ATTN: Mary
Fax #839-4167

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: _____

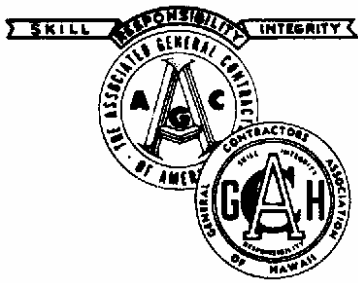
Mailing: _____

City/Zip: _____

Phone: _____

FAX: _____

**ANY NO SHOWS AND/OR
CANCELLATIONS LESS THAN 3 DAYS
PRIOR TO THE START OF CLASS WILL BE
CHARGED A \$20 FEE.**



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 • WEBSITE: www.gcahawaii.org

***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>			