

1065 Ahua Street
Honolulu, HI 96819
Phone: 808-833-1681 FAX: 839-4167
Email: gca@gcahawaii.org
Website: www.gcahawaii.org



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

CONSTRUCTION QUALITY MANAGEMENT (All classes run approximately 4 hours)

Construction Quality Management (CQM) for Contractors is a joint training program provided by the U. S. Army Corps of Engineers, Honolulu Engineer District (HED) and the Naval Facilities Engineering Command, NAVFAC Pacific.

This training is a mandatory certification requirement for an appointed Contractor Quality Control System Manager (CQCSM) that is good for 5 years.

To register, please fill out form and send to:

gca@gcahawaii.org

Due to high demand, only two (2) employees per company, per course. You will receive an **EMAIL CONFIRMATION** if no seats are available.

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

September 11, 12 and 13, 2018
12:00 noon (SHARP)

PLEASE PRINT NAMES CLEARLY

1. _____

2. _____

Check appropriate box:

First Priority – **FEDERAL 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 \$ _____

Credit card payment: Please fill out attached Credit Card Authorization Form

NOTE:

Attendees will confirmed through EMAIL if there is a space available. We will no longer confirm through facsimile.

No refunds for
**NO SHOWS and/or
CANCELLATIONS**
less than **5 days**
prior to the start of class.

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CREDIT CARD AUTHORIZATION FORM

COMPANY _____

CONTACT PERSON _____

EMAIL ADDRESS(PLS FILL) _____

PHONE _____

FAX _____

NAME OF GCA EVENT CONSTRUCTION QUALITY MGT.

DATE _____

AMOUNT TO CHARGE _____

CREDIT CARD NUMBER _____

3 OR 4 DIGIT CODE _____

EXPIRATION DATE _____

NAME ON CARD _____

BILLING ADDRESS _____

SIGNATURE _____

REQUEST COPY OF THE CREDIT CARD CHARGE

(Check line that applies)

- _____ Email @ _____
- _____ Mail
- _____ Fax
- _____ I do not need a copy