

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.

**Date & Time:**

Tuesday, August 14, 2018  
5:00 p.m. No-Host Cocktails

**Location:**

Pomaika'i Ballrooms at Dole  
Cannery, 735 Iwilei Road,  
Honolulu, HI 96817

[Map](#)

**Cost:**

\$60 for GCA members  
\$90 for non-members

**Register**

**Please RSVP by  
August 1, 2018.**

**Please note!!** If you cancel your registration at least five (5) days prior to the event, GCA will provide a full refund. No refund will be provided if you do not meet this deadline, however you may transfer your registration to another employee within your organization.

*The General Contractors Association of Hawaii  
cordially invites you to attend the GCA's  
General Membership Meeting.*

## CONSTRUCTION UPDATE

*Will be given by representatives from*

City and County of Honolulu  
Dept. of Accounting and General Services  
Department of Transportation  
University of Hawaii

- 5:00 p.m. No Host Cocktails  
Visit **table-top displays** by fellow GCA members
- 6:00 p.m. Dinner
- 7:00 p.m. Program
- 8:30 p.m. Ends

To register, please fill out the attached registration form and return to the GCA via fax 808-839-4167 or email to [gca@gcahawaii.org](mailto:gca@gcahawaii.org).

For additional information, please call Gladys at 808-833-1681 ext. 12.

*Please see attached for the registration form.*

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The General Contractors Association of Hawaii Presents:

## CONSTRUCTION UPDATE:

C&C of Honolulu, DAGS, DOT and UH

### Registration Form

Fax to 808-839-4167 or email to [gca@gcahawaii.org](mailto:gca@gcahawaii.org)

*If you did not receive a confirmation, please call 833-1681 Ext. 14.*

NAME:		Email:	
NAME:		Email:	
NAME:		Email:	
NAME:		Email:	
CONTACT:		Email:	
COMPANY:			
ADDRESS:			
CITY:		STATE/ZIP:	
PHONE/FAX:		Cell:	

**LOCATION:** Pomaika'i Ballrooms at Dole Cannery, 735 Iwilei Road, Honolulu, HI 96817

**DATE:** Tuesday, August 14, 2018

**TIME:** 5:00 p.m. – 8:30 p.m.

**PAYMENT INFORMATION:** (Payment must accompany registration to secure seat)

**Registration Deadline and Cancellation policy:**

The registration deadline for this program is August 1, 2018. Full refunds will be made for cancellations received prior to that date. After that date, no refunds will be granted. Replacements accepted.

Registration Fees:		TOTAL:	
<input type="checkbox"/>	\$60 for members (bill company)	<input type="checkbox"/>	\$100 for non-members
<input type="checkbox"/>	\$200 Exhibit Table (before 8/01/18) / \$300 (after 8/01/18) Limit 2 per company. To showcase your products and services.		
<input type="checkbox"/>	Enclosed is a check for	Make check payable to GCA of Hawaii	
<input type="checkbox"/>	Charge credit card on file		
<input type="checkbox"/>	Charge my credit card (See attached CC Form)		

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**PLEASE FAX WITH YOUR  
 REGISTRATION FORM TO:  
 839-4167**

<b>CREDIT CARD AUTHORIZATION FORM</b>			
NAME ON CARD:			
COMPANY:			
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>