



AGC'S LEAN CONSTRUCTION EDUCATION PROGRAM GCA Conference Room – 1065 Ahua Street, Honolulu

Dates & Time:

August 30, 2018

12:30 p.m. to 4:00 p.m.

Location:

GCA Conference Room
1065 Ahua Street, Honolulu

Cost:

\$250 for GCA members
\$350 for non-members

Register

Instructor:

Daniel Russell,
President
Practical BIM Solutions, LLC.

DEADLINE: July 27, 2018

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

Please note!! No refund will be provided if you cancel after the deadline, however you may transfer your registration to another employee within your organization.

Please see attached for the registration form.

UNIT 4: THE LAST PLANNER® SYSTEM

The second of two units introducing the Last Planner® System (LPS). This system was developed by the Lean Construction Institute (LCI) to plan projects in a way that produces predictable workflow and rapid learning. This half day, facilitator-led course shows how to conduct make-ready and weekly work-planning sessions.

Course Learning Objectives

- Apply the Last Planner System on a project;
- Hold make-ready and weekly work planning sessions; and
- Calculate, track and analyze percent plan complete for a project.

| Time | Session | Topic/Activity |
|------------------|---------|---|
| 12:00 – 12:45 pm | 1 | Introduction to Production Planning and the Last Planner System |
| 12:45 – 1:00 pm | | Break |
| 1:00 – 1:45 pm | 2 | The Levels of the Last Planner System |
| 1:45 – 2:00 pm | | Break |
| 2:00 – 4:00 pm | 3 | Planning and Evaluating the Plan |
| 4:00 pm | – | Course conclusion |

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.

The General Contractors Association of Hawaii Presents:

AGC' S LEAN CONSTRUCTION EDUCATION PROGRAM UNIT 4: THE LAST PLANNER® SYSTEM

Registration Form

FAX to 808-839-4167 or email to gca@gcahawaii.org

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

| | | | |
|------------|--|------------|--|
| NAME: | | EMAIL: | |
| NAME: | | EMAIL: | |
| CONTACT: | | EMAIL: | |
| COMPANY: | | | |
| ADDRESS: | | | |
| CITY: | | STATE/ZIP: | |
| PHONE/FAX: | | CELL: | |

LOCATION: The course will be held at GCA Conference Room, 1065 Ahua Street, Honolulu, HI 96819

DATE: August 30, 2018

TIME: 12:30 p.m. to 4:00 p.m.

“Participants must complete all sessions in order to obtain certification.”

PAYMENT INFORMATION: (Payment must accompany registration to secure seat)
 Registration fee includes Participant’s Handouts and lunch.

Registration Deadline and Cancellation policy: DEADLINE: July 27, 2018

No refund will be provided if cancellation is made after the deadline, however you may transfer your registration to another employee within your organization. Class space is limited and reserved on a first come, first served basis.

Class may be cancelled if minimum enrollment is not met.

| | |
|---|---|
| <input type="checkbox"/> \$250 per Unit for members (bill company) | <input type="checkbox"/> \$350 per Unit for non-members |
| <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**

| CREDIT CARD AUTHORIZATION FORM | | | |
|---------------------------------------|-----------------------------|-------------------------------|-----------------------------------|
| 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. |

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|-----------------------------|
| <i>FOR GCA OFFICE ONLY:</i> |
| <i>RECEIVED BY:</i> |
| <i>DATE:</i> |