



Construction Quality Management for Contractors

Construction Quality Management for Contractors is a course developed by the Corps of Engineers specifically for contractors to improve their ability to provide a quality product. It has been developed to help familiarize contractor personnel with the Corps Quality Management concept and procedures. This course introduces the contractor to the following items:

- Quality Control
- Contractor's Quality Control Responsibilities
- Quality Management Planning
- Pre-construction Conferences
- Coordination Meetings
- Submittal Process
- Three Phase Control System
- Documentation Requirements
- Testing Requirements

The course takes two days to complete and involves video training, problem solving, and class discussion. This course is mandatory for any contractor personnel that will be acting in the capacity of Contractor Control System Manager.

Classes start at 8 AM sharp, and are held at the AGC Anchorage office at 8005 Schoon Street, Anchorage, AK 99518. Fees for the class are **\$200.00 for members** and **\$275.00 for non-members**. Please pay in advance; it is the only way to reserve your spot. You may send a check to Associated General Contractors (address above) or by credit card: Visa & MasterCard.

We also understand that circumstances may arise that will require you to cancel. **If you need to cancel your registration up to two business days before the workshop your payment will be refunded or we can convert your payment to credit on the next workshop.** If you know of someone else who needs to attend, you may send him or her in your place. **NO SHOWS ARE NON-REFUNDABLE AND NON-TRANSFERABLE!**

I would like to attend this ANCHORAGE CQM training class:

Student's First Name	M.I.	Last Name	Phone	Email
Address		City/State/Zip Code		
Company Name		Company Phone	AGC Member Status	
Company Billing Information		Email to CC copy of Receipt		
NON-MEMBERS: Please pay by Credit Card or Check at time of registration.		Members may choose to be invoiced.		
Visa _____ Mastercard _____ Exp Date: ___ / ___ CVV: _____ Billing Zip: _____		Please Invoice me! Billing Email: _____ Billing Address: _____		
To complete registration – Please email this form to Training Admin at Training@agcak.org				