

LESSONS LEARNED DURING CONSTRUCTION

A ONE-DAY SEMINAR

FOCUS:

- Preparation of Plans, Specs, and Reports
- New in 2016 Code: **CPR**— Comment & Process Review
- FREER Manual
- e-Checklists
- Kick-Off Meetings
- Time Limitations for Approvals
- Documenting Compliance
- Fees
- Amended Construction Documents
- Incremental Design, Bidding, and Construction
- Construction Barriers
- Materially and *Non*-Materially Altered
- Temporary Construction
- Unauthorized Construction
- PINs & CANs: Discerning which and when to apply
- **TIO**— Testing · Inspection · Observation
- Pre-Approved Details
- e-Services Portal: New enhancements!
- And Much, Much More!

Wednesday, October 12th

Anaheim Marriott Suites

12015 Harbor Blvd.
Garden Grove, CA
(714) 750-1000



Tuesday, October 18th

Crowne Plaza Hotel Sacramento

5321 Date Ave.
Sacramento, CA
(916) 338-5800

SEMINAR INFORMATION:

\$150 per person ⇒ Continental breakfast + morning and afternoon refreshments + buffet lunch

8:30 am—4:00 pm ⇒ Registration & breakfast:
7:30 am— 8:30 am. (Schedule includes 1-hour lunch)

To Attend ⇒ Complete the attached registration form and return it with your payment, by mail, email, or fax.

Registered attendees will receive an email with a link to the seminar materials a week before the seminar. **Please note:** Hard copies/binders will **not** be provided at the seminar.

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SEMINAR REGISTRATION FORM

OSHPD
Office of Statewide Health Planning
Development

WHICH SEMINAR DO YOU PLAN TO ATTEND?

Anaheim—October 12, 2016
Anaheim Marriott Suites
12015 Harbor Blvd., Garden Grove, CA 92840

Sacramento—October 18, 2016
Crowne Plaza Hotel Sacramento
5321 Date Ave., Sacramento, CA 95841

Please type or print your name and organization as it should appear on your name tag

NAME: _____

FACILITY/FIRM NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

Please select which most closely describes you:

- Hospital Owner
- Architect
- Structural Engineer
- MEP Engineer
- Construction
- IOR
- Other _____

ADDITIONAL ATTENDEES: (Please enter each name as it should appear on name tag)

1. _____

3. _____

2. _____

4. _____

REGISTRATION FEE: **\$150 per person**

TOTAL CHARGE/CHECK AMOUNT: \$ _____

METHOD OF PAYMENT: (Make Checks/Money Orders payable to: OSHPD)

CHECK # _____ MONEY ORDER AMERICAN EXPRESS MASTERCARD VISA

CREDIT CARD NUMBER: _____ EXP DATE: _____

NAME (as it appears on card): _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____



Please submit completed registration form, with your payment, to:

OSHPD — Hospital Building Safety Board

Attention: Krista Harrington

400 R Street, Ste. 200

Sacramento, CA 95811



Registration forms may be submitted by fax: (916) 324-9118 • by email: FDD.Seminar@oshpd.ca.gov

or by mail to the address listed above.

Seating is limited to the first 140 paid attendees. Registration fees will not be refunded for "No Shows."