

Another Educational Member Benefit



Lake Oconee Area Builders Association

LEVEL 1-A FUNDAMENTALS

Erosion & Sediment Control Certification Seminar

Earn 4 Continuing Education Credit Hours

Instructor—Jim Gaskill

WHEN:

Thursday, August 26, 2010
8:30 a.m. - 12:30 p.m.

WHERE:

Next Door to LOABA
1041 Village Park Drive
Suite 103
Greensboro, Georgia 30642

PRICE:

LOABA Members: \$75.00
Members of other
Associations: \$85.00
Non-Members: \$125.00

Questions about the class?

Contact LOABA at
(706) 999-1591

Or

loabainfo@plantationcable.net

Or

www.LakeOconeeBuildersAssociation.com

When can I become re-certified?

Individuals can bring taking continuing education courses one year before their certification expires.

What if I allow my certification to expire?

Those individuals that fail to obtain at least 4 hours of continuing education prior to their expiration date will be required to retake the course and pass the exam before certification will be reinstated.

Will there be a re-certification exam?

There will be no exam for re-certification. To become re-certified, individuals must attend a course or courses totaling 4 hours of instruction.

When will I receive my new certification card?

Individuals with 4 or more hours will receive a new certification card in the mail approximately 2 weeks before the initial certification expires.

Where can I get more information?

Call the Lake Oconee Area Builders Association at 706-999-1591 or visit www.gaswcc.georgia.gov

Attendees must bring their current "BLUE CARD" and photo ID to class.

NO REFUNDS FOR NO SHOWS LIMITED SEATING AVAILABLE

Deadline for registration: August 19, 2010

(fee must be made by deadline; fee is non-refundable; no walk-ins)

IF YOU DO NOT REGISTER FOR THIS CLASS, YOU WILL NOT BE NOTIFIED OF CHANGES AND/OR CANCELLATION!

REGISTRATION: Yes, register me for this investment in my future in the building industry

Please mail
registration and
payments to:

LOABA
1041 Village Park Drive
Suite 102
Greensboro, Georgia 30642

LOABA now accepts VISA
and MasterCard

Attendee(s): _____

Company Name: _____

Address: _____

City/St/Zip: _____ Phone: _____

Fax: _____ Email: _____