

ADVANCED MANAGEMENT PROGRAM

The Construction Industry's Premier Executive Education Program

Please register me for AGC's Advanced Management Program to be held on:

Nov. 7-13, 2010 (Dallas, TX) (Application Deadline: Oct. 18, 2010)

Registration Procedures | Please type or print clearly in black ink. Complete and return the application to AGC, along with a letter of recommendation from the principal or chief executive of the firm and full payment. **All registrants must provide an e-mail address as pre-course communication is via e-mail.**

Name of Participant | _____ Current Position or Title | _____

Name as You Wish it to Appear on Your Name Badge | _____

Name as You Wish it to Appear on Your Certificate | _____

Firm Name | _____

Mailing Address | _____

Please include a physical address rather than a PO Box.

Telephone | _____ Fax | _____ E-mail | _____

AGC Member | Yes No Referred Chapter | _____

General Contractor Specialty Contractor

Primary Areas of Construction Activity | Building _____% | Highway _____% | Municipal-Utilities _____%
| Heavy-Industrial _____% | Other: _____%

Approximate Annual Volume of Work Put in Place by the Firm | \$ _____

Experience, Training and Education | A minimum of ten (10) years of construction experience or six (6) years of construction experience and a Bachelor's degree are required to attend this program.

Construction Experience | Beginning with your current employer, attach a brief summary of your construction experience. Include employer(s), length of employment, and a description of job responsibilities.

Education and Training | List any undergraduate and graduate degrees earned, continuing education programs attended, construction-related courses and examinations passed, and certificates received.

Degree/Course _____ Awarding Body _____ Date _____

Degree/Course _____ Awarding Body _____ Date _____

Degree/Course _____ Awarding Body _____ Date _____

Degree/Course _____ Awarding Body _____ Date _____

Check made payable to AGC of America Visa American Express MasterCard

Account Number | _____ Exp Date | _____

Name as shown on card | _____ Signature | _____

Attach a letter of recommendation from the applicant's principal or chief executive. This letter should convey the writer's personal knowledge of the applicant's qualifications and suitability for admission to AGC's Advanced Management Program. It should also state his/her understanding that business related contacts during this course are discouraged.

Tuition | \$4,995 for AGC Members | \$6,250 for Non-Members

Payment must accompany the application and letter of recommendation.

Send application, letter & payment to:

AGC's Professional Development Division

Attn: Advanced Management Program

2300 Wilson Boulevard, Suite 400, Arlington, VA 22201

For more information, please contact AGC's Professional Development Division at education@agc.org or (703) 837-5366.

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