

Concrete Council of St. Louis PROFESSIONAL ENGINEERS' SEMINAR

Sponsored By: Vee-Jay Cement Contracting Co., Inc.



SEMINAR AGENDA

7:30 AM	Registration and Continental Breakfast
7:45 AM	Welcome by Seminar Chairman Sal Vitale, <i>Vee-Jay Cement Contracting Company</i>
8:00 AM	Using Control Flow Concrete for Top Down Construction Larry Kaiser, P.E., <i>GCP Applied Technologies</i>
9:00 AM	"That's Tilt-UP?!" Mitch Bloomquist, <i>Tilt-Up Concrete Association</i>
9:45 AM	BREAK
10:00 AM	Concrete Design Center Build with Strength Lionel Lemay, <i>NRMCA</i>
11:00 AM	Benefits of Structural Concrete Construction David Shepherd, AIA, <i>CRSI</i>
11:45 AM	LUNCH
12: 30 PM	Shop Drawings and Submittals: Purpose, Process and Problems Ken Slavens, <i>Husch Blackwell</i>
1:30 PM	The Real Value of Resilient Construction Jamie Farny, <i>Portland Cement Association</i>
2:30 PM	ADJOURNMENT

Thursday, September 19, 2019

7:30 AM - 2:30 PM

SEMINAR LOCATION

Fabick CAT
One Fabick Drive
Fenton, MO 63026

SEMINAR COST

\$150 for Concrete Council members,
government agencies, and non-profit

\$200 for Non-members

****Includes breakfast, lunch & manual****

SEMINAR HIGHLIGHTS

- 6 PDH or .6 CEUs available
- Opportunities to network with other professionals in industry related fields
- Updates on state-of-the-art technology, continuing research, and the latest tools for concrete construction

REGISTRATION INFORMATION

REGISTRATION COST:

\$150 for Concrete Council members, government agencies, and non-profit assoc.
\$200 for Non-members

SEND PAYMENT & REGISTRATON FORM BY:

NEW OFFICE ADDRESS

Mail: Concrete Council
7751 Carondelet Avenue, Suite 805
St. Louis, MO 63105
Email: Gina@concretecouncil.com

QUESTIONS:

Please contact: Gina Loddeke
Phone: 314.862.0324
Email: Gina@concretecouncil.com

CANCELLATION POLICY:

CANCELLATIONS MUST BE MADE 48 HOURS IN ADVANCE
ATTENDEE WILL BE CHARGED THE APPROPRIATE SEMINAR FEE IF THE CANCELLATION POLICY IS NOT FOLLOWED

CONTACT INFORMATION

NAME: _____ P.E. _____

FIRM: _____

PHONE: _____

EMAIL: _____

PAYMENT METHOD

Check Visa MasterCard Send invoice Will bring to seminar

CARD NUMBER: _____

EXPIRATION DATE: _____ BILLING ZIP CODE: _____

NAME ON CARD: _____

AMOUNT TO BE CHARGED: _____