



Construction Market Overview

- ◆ What's forecast for projects in the region?
- ◆ How will St. Louis stimulate the construction market with economic development?
- ◆ What's the capacity for design professionals in an expanding market?
- ◆ How will the contractor work load impact your projects?

How will this influence your plans for 2017?

Crowne Plaza St. Louis Airport

11228 Lone Eagle Drive
Bridgeton, MO 63044

Thursday, December 15, 2016

7:00 am
7:30 am
8:00 am
9:30 am

Registration & networking
Breakfast
Presentation
Adjournment

Presenters:

Len Toenjes, *President, Associated General Contractors of Missouri*
David Kehm, *President, American Institute of Architects - St. Louis, Christner*
Ron Wiese, *ACW Alliance & Vice President, Alberici*

Perspective & Moderator

Otis Williams, *Executive Director, St. Louis Development Corporation*

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PDH & LU credit

This program has been designed to permit you to qualify for 1.5 Professional Development Hours (PDH) for Professional Engineers under Missouri statutes and 1.5 Learning Units (LU) through the American Institute of Architects.

***** **Registration: Please return by December 10, 2016 ... or link to http://www.slccc.net/calendar_list.asp** *****

Please make reservations so that we can provide sufficient meals and materials. If you cannot attend, you may send a substitute. Otherwise, please call to cancel. Uncanceled reservations will be invoiced.

Name	Organization	E-mail	SLCCC member \$40.*	non member \$70
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

* Construction Consumers / Owner member discount:

- Sustaining members - 3 complimentary registrations
- Corporate members - 2 complimentary registrations
- Public members - 1 complimentary registration

Charge to my Credit card: American Express Discover MasterCard Visa \$ _____

Acct No. _____ Expiration Date _____ CVV/CVC Code _____

Name on card (print) _____ Signature _____ Billing zip code _____

Does any registrant have a disability or special dietary need which needs accommodation? Yes No
If yes, what type of accommodation is needed? _____

Reservations made by:

Name _____ Organization _____ Phone _____ E-Mail _____

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