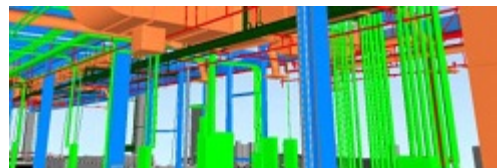




Prefabrication, Preassembly, Modularization and Off-Site Fabrication (PPMOF)

Developed from research by
the Construction Industry Institute

- ◆ Explore the state of the art for PPMOF practices
- ◆ Identify requirements for its effective use
- ◆ Discover a strategic analysis tool to assess its use
- ◆ Learn how applications improved schedule, quality and cost



Tuesday, November 17, 2015

7:00 am Registration / Networking / Breakfast
7:30 Workshop
10:30 Adjournment

World Wide Technology Soccer Park

(formerly know as Anheuser-Busch Conference & Sports Center)
1 Soccer Park Road, Fenton, MO 63026

Presenters: **Paul Hochi**, Dir. of Project Development, **Jacobs**
Bruce McDonald, Engineering Advisor, **Eli Lilly & Co.**
Speedy Warner, Project Controls Manager, **leidos**
James Owen, General Manager, **EPIC Systems, Inc.**

Sponsored by



PDH & LU credit

This program has been designed to permit you to qualify for 3 Professional Development Hours (PDH) for Professional Engineers under Missouri statutes and 3 Learning Units (LU) through the American Institute of Architects.

***** **Registration - Please return by November 12, 2015** *****

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 \$100.	non member \$175
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please make checks payable to: ST. LOUIS COUNCIL OF CONSTRUCTION CONSUMERS or Charge to my Credit card:

American Express Discover MasterCard Visa CVV/CVC Code _____ \$ _____

Acct No. _____ Expiration Date _____ Billing zip code _____

Name on card (print) _____ Signature _____

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 _____

Make checks payable to / return to:

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Manchester, MO 63021-5724

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