



Project Delivery Methods & the Design Build Option



Wednesday, March 25, 2015

7:00 am Registration / Networking
7:30 Breakfast
8:00 Presentation
9:30 Adjournment

Engineers Club

4359 Lindell Blvd.
St. Louis, MO 63108

- ◆ Review matrix of criteria to assess how scope, schedule, & complexity can influence selection of your delivery system
- ◆ Get tools that evaluate how delivery systems impact efficiency & profitability
- ◆ Identify drivers for reducing cost, schedule & risk litigation and for improving quality & communication
- ◆ Assess how a panel of industry leaders have implemented design build

Presentation / Moderator:

Steve Bannes, Director - Graduate Studies in Const. Man., **Washington University**

Panelists:

Greg Bengard, Project Manager, **Mallinckrodt**

Ray Crader, Director of Construction Services, **St. Louis County**

Jay Fowler, Construction Branch Chief, **U. S. Army Corps of Engineers - St. Louis**

Stacy Friesenborg, Resident Engineer, **U. S. Army Corps of Engineers - Scott Air Force Base**

Dave Simmons, Design Build Coordinator, **Missouri Department of Transportation**

Kevin Williams, Senior Vice President, **McCarthy Building Companies**

Program Sponsors

Duct Systems, Inc.



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PDH / LU / CEU credit

This program has been designed to permit you to qualify for 1 CEU for DBIA certification, 1 Professional Development Hour (PDH) for Professional Engineers under Missouri statutes and 1 Learning Unit (LU) through the American Institute of Architects.

******* Registration - Please return by March 20, 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 / DBIA member \$25.	non member \$35
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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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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