



Construction Quality Management for Military Base Contractors

In accordance with U.S. Navy and Corps of Engineers requirements, the Contractor Quality Control (CQC) System Manager, on all Corps administered construction contracts must have successfully completed this certification course no later than 60 days following the notice-to-proceed. The purpose of this certification is to familiarize all quality management personnel with the U.S. Navy and Corps of Engineers with CQM policies.

CQM Registration Form

North Carolina – *Registration at 7:30 am and class begins promptly at 8:00 am*

<input type="checkbox"/> January 21, 2004	<input type="checkbox"/> New Bern, NC	<input type="checkbox"/> Bridgepointe Hotel, 101 Howell Road
<input type="checkbox"/> March 10, 2004	<input type="checkbox"/> New Bern, NC	<input type="checkbox"/> Bridgepointe Hotel, 101 Howell Road
<input type="checkbox"/> May 12, 2004	<input type="checkbox"/> New Bern, NC	<input type="checkbox"/> Bridgepointe Hotel, 101 Howell Road
<input type="checkbox"/> July 14, 2004	<input type="checkbox"/> New Bern, NC	<input type="checkbox"/> Bridgepointe Hotel, 101 Howell Road
<input type="checkbox"/> September 15, 2004	<input type="checkbox"/> New Bern, NC	<input type="checkbox"/> Bridgepointe Hotel, 101 Howell Road
<input type="checkbox"/> November 9, 2004	<input type="checkbox"/> New Bern, NC	<input type="checkbox"/> Bridgepointe Hotel, 101 Howell Road

South Carolina – *Registration at 7:15 am and class begins promptly at 7:30 am*

<input type="checkbox"/> April 20, 2004	<input type="checkbox"/> Charleston, SC	<input type="checkbox"/> Hampton Inn – Charleston North
<input type="checkbox"/> September 21, 2004	<input type="checkbox"/> Charleston, SC	<input type="checkbox"/> Hampton Inn – Charleston North

NC Class Time: 8:00 am – 5:00 pm
 SC Class Time: 7:30 am – 4:00 pm

\$175 ABC Members
 \$250 Non-ABC Members

Company _____

Address _____ City _____

State _____ Zip Code _____ Email _____

Phone _____ Fax _____

Name _____ \$ _____

Name _____ \$ _____

Method of payment: MC Visa Mailing Check w/ Registration Total \$ _____

Card Number _____ Exp. Date _____

Mail or Fax form to: ABC of the Carolinas, 3705 Latrobe Drive, Suite 320 ♦ Charlotte, NC 28211
Fax: (704) 367-1380 ~ Phone: (704) 367-1331 or visit our web site at www.abccarolinas.org
 * Cancellation Policy: 24 hours prior to Class