



BRITISH COLUMBIA SHEET METAL ASSOCIATION (SMACNA-BC)

315 – 15225 104TH AVENUE, SURREY, BRITISH COLUMBIA, CANADA V3R 6Y8
PHONE: (604) 585-4641 FAX: (604) 584-9304 www.smacna-bc.org smacnabc@smacna-bc.org

BC Sheet Metal Association (SMACNA-BC) Presents

SMACNA TECHNICAL STANDARDS PROGRAM

Thursday, May 26, 2011

Registration 9:30 AM

Program 10:00 AM – 2:00PM

Sheraton Vancouver Guildford Hotel

15269 104th Avenue, Surrey, BC

Target Audience: ASHRAE-BC Chapter Members, Architects, Engineers/Consultants, Building Officials, Inspectors, Specification Writers, Building Owners, and Fire Marshals.

Earn Professional Development Hours (PDH) – check box on registration form.

Purpose: To advance one's knowledge of the HVAC industry through the use of the SMACNA Standards. This intensive half-day program will provide technical information to learn the methods and concepts of SMACNA's Technical Standards, which in turn will, enhance participants' abilities to provide well-designed, constructed, and cost effective projects for clients, Topics and schedule enclosed on the registration form.

Presenter: Mark Terzigni SMACNA Technical Resources Project manager from the SMACNA National office located in Chantilly, VA.

SMACNA Technical Manuals: Copies of SMACNA's *HVAC Duct Construction Standards – Metal & Flexible*, and *Seismic Restraint Manual: Guidelines for Mechanical Systems* are included in the cost of the Seminar. **The cost to purchase these manuals separately is over \$300.00**





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Program Schedule

9:30 – 10:00 Check-in/Registration

10:00 – 2:00 Program

- Seismic Restraint
- HVAC Duct Construction
- HVAC Air Duct Leakage
- Fire, Smoke & Radiation Damper Installation

12:00 Working Lunch Buffet

To Register:

Fax or email your completed registration to the SMACNA-BC office

Fax: 604-584-9304

Email: smacnabc@smacna-bc.org

Cost: \$60.00 per person. Cost includes Lunch, 2 SMACNA Technical Manuals, and HST.

Company Name: _____ Address: _____

Contact Name: _____ Contact Email _____

Phone Number: _____ Fax Number: _____

Attendee(s) _____ _____

_____ _____

_____ _____

Check box to earn Professional Development Hours (PDH)

Payment Method	Cheque Enclosed _____	Visa _____	MasterCard _____
	Visa / MC #		Exp. Date
	Name on Card:		
	Signature:		

