



**Educational Learning Opportunities**

Date: 10/28/2020

Registration begins at 8:00am

Seminar runs from 8:30am-5:00pm

**Location:**  
Sheraton New York Times Square  
811 7<sup>th</sup> Ave 53<sup>rd</sup> St  
New York, NY 10019

[www.marriott.com](http://www.marriott.com)

**Parking:** \$65/day valet

# State of Practice – QC of Deep Foundations

Date: Wednesday, October 28, 2020

## Sheraton New York Times Square - NYC

Pile Dynamics, Inc., and GRL Engineers, Inc. present a one-day Seminar on the *State of Practice: Quality Control and Quality Assurance of Deep Foundations* and various testing methods.

### CERTIFICATE OF PARTICIPATION

This program corresponds to 6.5 Professional Development Hours. A Certificate of Participation documenting the number of hours of instruction (PDH) will be provided to those in attendance. Check with your engineering board of registration for their continuing education requirements.

### Who should attend:

Designers, Specifiers, Structural Engineers, Geotechnical Engineers, Risk Managers

### Seminar Agenda:

- A. Overview of the benefits of testing. What should you look for?
- B. How to implement testing into a project
- C. Method selection – Advantages & limitations / Risk Management
- D. Understanding Test Results
- E. Illustrative Examples with Case Studies
- F. Cost Benefits
- G. Testing Qualifications
- H. Specifications – the good, the bad, the ugly

### Seminar Registration Form

This event space is limited to the first 30 registrants. All course materials, breakfast, lunch and afternoon snack are provided in the **\$100.00 per person** registration fee. To register, please email completed registration form to [registration@pile.com](mailto:registration@pile.com) by 10/21/20

**(Please print or type)**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Pre-Payment by credit card is required.**

Pre-paying by:  VISA  MasterCard  American Express  Discover

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card's Billing Address: \_\_\_\_\_

Verification Code: \_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Name & Email of Participant(s). (Receives Seminar materials)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Refund Policy: Cancellations are accepted only before the start of the Seminar.