



**P R E S E N T S :**  
**Public Works Institute: Module 2 of 4**  
***"Advanced Supervision in Public Works"***  
**July 21-22-23, 2008 (Mon-Tue-Wed)**

**WHO SHOULD ATTEND**      This seminar is intended for supervisors, team leaders and managers involved in public works.

**SUBJECT:**              This is the second of four modules in the American Public Works Association's 90 hour program of instruction in Supervision and Management in Public Works. The program, covering 90 hours of basic and advanced supervision and management over a two-year period, was developed by APWA to meet the training needs of public works departments. This highly affordable program taught by public works practitioners to public works employees culminates in a PWI Certificate.

- INSTRUCTORS:**
- o **John Ostrowski, PE** (Former PW Director, City of Vancouver, Washington)
  - o **Vitaly B. Troyan, PE** (Retired City Engineer, City of Los Angeles; Deputy Director of Public Works, City of San Francisco)
  - o **John Lisenko, PE** (Retired PW Director, City of Foster City)
  - o and other **experienced Public Works Officials**

**WHERE:**              H's Lordships Restaurant  
 199 Seawall Drive, Berkeley Marina  
 Berkeley, CA 94710

**COURSE OUTLINE:**      **See Attached.**

**COST**                  **\$395** for APWA Members – (ID# required)  
**\$495** for Non-members (Save \$100 by joining APWA and support public works)  
 Cost includes continental breakfast and lunch.

**RSVP by:**              **July 15, 2008**  
**No walk-ins allowed.**

**NOTE: Please register ASAP. Sessions fill up quickly!**

**MORE INFO**

Mira Troyan @ (415) 454-4568 or [apwanorcal@comcast.net](mailto:apwanorcal@comcast.net)  
**DEADLINE: July 15, 2008**  
 (Register early space limited)

**FAX REGISTRATION**  
 (415) 457-2636

**ONLINE REGISTRATION & Credit Payment Option (PayPal)**  
[WWW.APWANORCAL.ORG](http://WWW.APWANORCAL.ORG)

**MAIL CHECKS TO**  
 138 Knight Drive  
 San Rafael, CA 94901

**MAKE CHECKS PAYABLE TO**  
 APWA NORTHERN CA CHAPTER

**TAX ID# 36-2202880**

**REGISTRATION FORM**  
**(One per registrant)**

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

**Job Title:** \_\_\_\_\_

**Member ID No.:** \_\_\_\_\_

**Agency/Company:** \_\_\_\_\_

**PO#** \_\_\_\_\_

**Need an Invoice?    YES    NO**

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

**City:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

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