



Canadian Institute of Plumbing & Heating
L'Institut canadien de plomberie et de chauffage

A National Voice with Regional Roots | Une histoire régionale, une voix nationale

CIPH BC Region

CIPH BC REGION INVITES YOU TO JOIN US BUSINESS MEETING / LUNCHEON EVENT – Open to CIPH Members

Speaker: **Phil White, City of Vancouver**

Development, Building & Licenses / Gas Safety Manager
Plumbing, Gas and Sprinkler Inspections Manager



Speaker: **Christopher Radziminski,
City of Vancouver**

M.A. Sc., P.Eng, R.P. Bio. Water Design Branch / Policy Analyst



Session Description:

Premise Plumbing in Vancouver Buildings: Enhanced Public Safety, Efficiency & Long-Term Resiliency Measures.

Plumbing and mechanical code updates in the City of Vancouver will be discussed in this presentation. Topics include “operating permits” (a new regulatory instrument for building mechanical systems, with defined reporting and inspections requirements), non-potable water systems, building water treatment systems, Legionella, cooling towers, decorative water features, once through cooling, and new plumbing fixture and appliance requirements.

WHEN: Thursday, April 11th, 2019

TIMES: 11:15 a.m. No Host Reception
12:00 Noon Lunch (Buffet)
1:00 p.m. Presentation
followed by Question & Answer Period

LOCATION: The Executive Plaza Hotel – BURNABY 4201 Lougheed Highway



Please complete and fax this form by **April 8th, 2019**

CIPH BC Region Office at 604.594.5091 or e-mail bc@ciph.com

Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____ E-mail: _____

CANCELLATIONS: April 9th for full refund and no penalty

REGISTRATION \$65.00 per person

Name of all attendees: **PLEASE PRINT CLEARLY FOR NAME BADGE PURPOSES**

First Name	Last Name	Company Name	Dietary Restrictions

Total: \$ _____

PAYMENT METHOD: On-Line at [BC Region Web Site](#)



Cheque or M/O payable to CIPH BC Region (CHEQUE MUST BE RECEIVED PRIOR TO **April 11th**).

Mail your cheque & form to: CIPH BC, PO Box 73105, Evergreen RO V3R 0J2

Credit Card – Fax or mail to office: Visa Mastercard

Receipts will be e-mailed to the registrant's attention

Expiry Date: Month _____ Year _____

Credit Card Number

CVV _____

(3 digits on back of credit card)

Cardholder's Name: _____

Cardholder's Signature: _____