



Australian College of Training REGISTRATION FORM 2009

ABN: 48 106 641 767

PO Box 5388 East Victoria Park WA 6981

www.auscollege.com.au

Email: training@auscollege.com.au Phone: 1300 785 188

Please register me in the following ACT training workshop:

'DEVELOP A HACCP PROGRAM' Milling *\$600

Units of Competency:

FDFCORFSY2A Implement the food safety program and procedures

FDFOPHCP3A Participate in a HACCP team

WORKSHOP DATE

7th & 8th April Brisbane CBD

Student Surname	First Name	Position	Cost
Student Enrolment Fee.		cost waived for SFMA	
			Total Cost:

Contact Name/
Company:

Invoice to:

Address:

City:

Postcode:

Telephone:

Fax:

Email:

Payment Details:

Purchase Order Number: _____

Confirmation of your registration will be given when full payment is made.

Please note - full payment is required prior to commencement of the workshop.

I have enclosed a cheque for \$_____ payable to "Australian College of Training"

I will pay by credit card

Visa

Mastercard

Bankcard

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature of Card Holder: _____

I will direct debit to your account:

Account Name: Australian College of Training

Bank: ANZ Branch: Bull Creek

BSB: 016-268 Number: 1078 932 91

(Note: Please put your surname or company name as a reference & email remittance))

