



Australian College of Training REGISTRATION FORM 2009

NSW

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' \$600

Units of Competency:

FDFCORFSY2A Implement the food safety program and procedures

FDFOPHCP3A Participate in a HACCP team

WORKSHOP DATES (tick one)	<input type="checkbox"/> 11-12 May 2009
	<input type="checkbox"/> 13-14 May 2009

Student Surname	First Name	Position	Cost
Student Enrolment Fee (cost waived for SFMCA member)		\$45.00 per person	
Total Cost:			

Contact Name/ Company:

Invoice to:

Address:

City: Postcode:

Telephone: Fax:

Email:

Payment Details:

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

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)

Please forward an invoice for payment

Purchase Order No: _____