



# Australian College of Training REGISTRATION FORM 2010



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Please register me in the following ACT training workshop:

**'DEVELOP A HACCP PROGRAM'** \$570 (2 days)

Units of Competency:

FDFCORFSY2A Implement the food safety program and procedures

FDFOPTHCP3A Participate in a HACCP team

**'DEMONSTRATE FOOD SAFETY'** \$285 (1 day)

Units of Competency:

FDFCORFSY2A Implement the food safety program and procedures



## WORKSHOP DATES

29-30 April 2010 (tick one only)

5-6 July 2010

Student Surname	First Name	Position	Cost
Student Enrolment Fee (per person)			\$45.00
RABQSA-HP Certificate Fee (Optional)		\$50.00 per person	
Total Cost:			

Contact Name/  
Company:

ABN:

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: \_\_\_\_\_