



Australian College of Training REGISTRATION FORM 2006

ABN: 48 106 641 767

PO Box 1106 Booragoon WA 6954

Web: www.auscollege.com.au

Email: training@auscollege.com.au

Phone: (08) 9312 7388

Fax: (08) 9332 9486

Please register me in the following ACT training workshop:

'DEVELOP A HACCP PROGRAM' \$425 (with training voucher)

Units of Competency:

FDFCORFSY2A Implement the food safety program and procedures

FDFOPHCP3A Participate in a HACCP team

WORKSHOP DATES

Workshop A 23-24 October 2006

Workshop B 27-28 November 2006

Student Surname	First Name	Workshop Date (A or B)	Cost
Student Enrolment Fee (this must be included in your payment)		\$25.00 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

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)

