



# Australian College of Training REGISTRATION FORM 2009



ABN: 48 106 641 767

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Please register me in the following ACT training workshop:

'DEVELOP A HACCP PROGRAM' \$570 (early bird) / \$770

Units of Competency:

FDFCORFSY2A Implement the food safety program and procedures

FDFOPHCP3A Participate in a HACCP team



<b>WORKSHOP DATES</b>	<input type="checkbox"/> 27-28 August 2009
	<input type="checkbox"/> 19-20 October 2009

Student Surname	First Name	Position	Cost
Student Enrolment Fee (this must be included in your payment)		\$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: \_\_\_\_\_