



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:

'HACCP 1-DAY REFRESHER COURSE' \$280

Unit of Competency:

RABQSA-HP Developing HACCP Plans

The following box MUST be ticked to be eligible to attend this refresher workshop:

I have previously had recognised HACCP training. A copy of my old certificate is attached.



WORKSHOP DATES	<input type="checkbox"/> 30th October OR <input type="checkbox"/> 18th December
-----------------------	--

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:** _____