



Australian College of Training REGISTRATION FORM 2019



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I would like to register in the following ACT training workshop:

- 'ALLERGEN AWARENESS' 2 hour Workshop \$95 pp**

This is a 2 hour non-accredited workshop suitable for all personnel in the food and health industry to increase awareness and food safety for consumers with food allergens. Certificates of Attendance issued.

Register now! Places are limited.

WORKSHOP DATE	<input type="checkbox"/> Monday 24th June 2019
TIME	1.00 - 3.00pm
LOCATION	VICTORIA PARK

Student Surname	First Name	Job Role	Cost
Total Cost:			

Contact Name:				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 Mastercard Visa

Card Number: _____ Expiry Date: _____

3 digit verification no: (last 3 digits on back of card) ____ _

Name on Card: _____ Signature of Card Holder: _____

- I will direct debit to your account on: _____ (date)

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:** _____

ACT NOW FOR YOUR FUTURE!