

**OLIVECARE™  
HACCP TRAINING**

**THREE DAY COURSE  
REGISTRATION FORM**

I / We (Delete which is not applicable) wish to attend the “OliveCare™ HACCP Training Course conducted by OliveCare Australia Pty Ltd. Information supplied are for our information only. Records will not be given to any other party.

*(Please insert proposed date and which town course is to be delivered)*

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**REGISTRATION DETAILS: (PLEASE PRINT)**

**Print Name: (Christian)..... (Surname).....**

**Position: .....**

**Company Name:**

**Company ACN : .....**

**Company ABN: .....**

**Postal Address: .....**

.....

.....

**State: .....Postcode: .....**

**Telephone: ( ).....Mobile: .....**

**Facsimile: ( ).....**

**Email: .....**

**Number of Trees: .....**

**Grower: YES NO Oil Processor: YES NO**

**Table Olive Processor : YES NO**

**Bottle Oil or Table Olives YES NO**

**PAYMENT DETAILS:**

**Must be paid in FULL 3 weeks prior to Course**

**FULL PRICE: \$880.00 GST INCLUSIVE PER PERSON**

NOAH™ Member    YES                    NO

NOAH Members receive 25% Discount off Full Price (After Discount \$660.00 GST inclusive per member)

Non-NOAH Members (\$880.00 GST Inclusive per person)

Number Attending: .....

*(Please Tick)*

I enclose a cheque for \$.....  
*(Cheques must be made out to OliveCare Australia Pty Ltd)*

**Direct Deposit**

Account Name: OliveCare Australia Pty Ltd  
Bank: WestPac  
BSB Number: 032035  
Account Number:174816

*OR Charge my*

*Bankcard    MasterCard    Visa*

Amount of Payment: \$ .....

Card Number: ..... .....

Expiry Date: ..... / 200 .....

Cardholders Name: .....

Signature: ..... Date: ...../ ...../ 200....

**MAIL OR FAX COMPLETED REGISTRATION FORM AND PAYMENT TO:**

**OLIVECARE AUSTRALIA PTY LTD**  
**ACN 114 524 686**  
  
**PO BOX 1306**  
**NAMBOUR Q 4560**  
  
**OR**  
  
**FAX: 07 5476 0002**