

**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