



## AMP50215 DIPLOMA OF MEAT PROCESSING AND WORKSHOPS FOR MANAGERS PROGRAM

# REGISTRATION FORM

(One workshop)

NAME	
POSITION	
COMPANY	
PHONE	
EMAIL	
POSTAL ADDRESS	
SIGNED	

Workshop title	Units covered	Workshop dates	Location	Fee

**Do you wish to attend the workshop *only* (i.e no assessment)?**

Yes	
No	

**Do you wish to continue your Diploma program as a member of either  
the Leadership or Technical streams?**

Yes	
No	

If **Yes**, please indicate which of the two streams you wish to join: \_\_\_\_\_