**P R I J A V N I C A**

za sudjelovanje na

**DVODNEVNOJ HACCP RADIONICI**

**11. i 12. travanj 2017.**

**HGK – Županijska komora Čakovec,**

**Ivana Gorana Kovačića 2, Čakovec**

**Tvrtka naziv:** ................................................................................................................

**Ime i prezime – funkcija:**  ..........................................................................................

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**Djelatnost subjekta u poslovanju s hranom:**

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**Adresa:** ........................................................................................................................

**Telefon:** .............................................. **Fax:**  .............................................................

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