**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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