

SEMINAR REGISTRATION FORM

<p><u>Date:</u> 25/26th April 2009 (Sat/Sun)</p> <p><u>Times:</u> 9-4pm (one hour lunch + two 10 minute breaks in AM and PM)</p> <p><u>Venue:</u> Gallagher Conference Centre , Midrand Johannesburg</p> <p>Tea, Coffee & Lunch provided</p> <p>Cost : R7500 (less Applicable Discounts)</p>	<p>Contact Details:</p> <p>Organiser : Candle Charts SA</p> <p>Contact : James Siedle</p> <p>Tel : +27-(0)83-777 7775</p> <p>Fax : +27(0)86-648 0633</p> <p>Email: sales@candlecharts.co.za</p>
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Transport & Accommodation : Courtesy Shuttle from/to airport to Venue, Discounted Airfares and Accommodation available. (See website www.candlecharts.co.za)

Please contact **Sharon (Travelutions) 031-5648516** or **078-8005880** or travelutions@iafrica.com for details

YOUR DETAILS

Surname:	First Name :	Title :
Company:	Profession :	
Home Town :	Province :	
Home/Office Tel : ()	Cell : ()	
Email Address :	Trading Brokers :	

PAYMENT DETAILS

BY DIRECT DEPOSIT (EFT)

Account Name: **Candle Charts**

Bank: **ABSA Bank**

Please fax proof of deposit to Fax : **(086) 6480633**

Branch Code: **630226**

Your Reference: The same **Surname and First** as Above

Account No: **9220267166**

BY CREDIT CARD

Please fax this credit card authorisation to Fax : **(086) 6480633**

Please debit my credit card for the amount of R _____.

Card No : _____

Visa

Expiry Date : ____/____/____ Cardholder : _____

Mastercard

Bank: _____ CCV Number : _____

Name : _____ Signed : _____ Date : ____/____/2009

Please Note Payments and services are subject to our standard terms & conditions which are available on request.