print out this form

∗-∗-∗-∗-∗-∗-∗< **VISA Credit Card Authorization Form** >∗-∗-∗-∗-∗-∗-∗

Please fill out the form below and fax to CBI (FAX:+81-3-5491-5462).

*Cardholder name: _____

*Name in Kanji: _____

* Billing Address: _____

* Tel: _____

* E-mail: _____

* Registration Type: ☐ non-CBI(JPY12,000)
☐ CBI(JPY8,000)

* Card number: _____ * Exp.Date: _____

* Signature: _____ * Date: _____

<<CBI 2008 annual meeting>>
Chem-Bio Informatics Society(CBI)
Tel: +81-3-5491-5423
Fax:+81-3-5491-5462
E-mail: cbi2008@cbi-society.org