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--*-*-*-*-*-*< 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 member (JPY12,000)

CBI member (JPY8,000)

* Card number: _____ * Exp.Date: _____

* Signature: _____ * Date: _____

<<CBI 2010 annual meeting>>
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